

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000054021

**FILED**  
**Apr 28, 2009**  
**Secretary of State**

**Entity Name:** WESMEL REAL ESTATE INVESTORS AND CONSULTING GROUP, INC.

**Current Principal Place of Business:**

1691 SW PENROSE AVE  
PORT ST LUCIE, FL 34953

**New Principal Place of Business:**

4370 LAKE LUCERNE CIRCLE  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

1691 SW PENROSE AVE  
PORT ST LUCIE, FL 34953

**New Mailing Address:**

4370 LAKE LUCERNE CIRCLE  
WEST PALM BEACH, FL 33409

FEI Number: 20-0946643

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WARREN, MELLONIE I  
1691 SW PENROSE AVE  
PORT ST LUCIE, FL 34953 US

**Name and Address of New Registered Agent:**

WARREN, MELLONIE I  
4370 LAKE LUCERNE CIRCLE  
WEST PALM BEACH, FL 33409 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MELLONIE WARRREN

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WARREN, WESLEY W  
Address: 1691 SW PENROSE AVE  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: V ( ) Delete  
Name: WARREN, MELLONIE I  
Address: 1691 SW PENROSE AVE  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: WARREN, WESLEY W  
Address: 4370 LAKE LUCERNE CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VP (X) Change ( ) Addition  
Name: WARREN, MELLONIE I  
Address: 4370 LAKE LUCERNE CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33409

Title: CEO ( ) Change (X) Addition  
Name: BAILEY, PHILLIP O  
Address: 19130 N. W. 11TH COURT  
City-St-Zip: MIAMI GARDENS, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELLONIE WARREN

VP

04/28/2009

Electronic Signature of Signing Officer or Director

Date