

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000063999

FILED
Apr 28, 2009
Secretary of State

Entity Name: WELLING CONSTRUCTION, INC.

Current Principal Place of Business:

2333 N. STATE ROAD 7
SUITES R & S
MARGATE, FL 33063 US

New Principal Place of Business:

7111 W CYPRESSHEAD DRIVE
PARKLAND, FL 33067 US

Current Mailing Address:

2333 N. STATE ROAD 7
SUITES R & S
MARGATE, FL 33063 US

New Mailing Address:

7111 W CYPRESSHEAD DRIVE
PARKLAND, FL 33067 US

FEI Number: 37-1488552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOWELL, MARTHA G
2333 N. STATE ROAD 7
SUITES R & S
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

NOWELL, MARTHA G
7111 W CYPRESSHEAD DRIVE
PARKLAND, FL 33067 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:

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES (X) Delete
Name: HENNING, III, ROBERT C
Address: 17330 46TH COURT N
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: VP () Delete
Name: NOWELL, MARTHA G
Address: 7111 W. CYPRESSHEAD DRIVE
City-St-Zip: PARKLAND, FL 33067 US

Title: VP (X) Delete
Name: WHITE, BARRY R
Address: 2015 FUNSTON ST. APT. 4-A
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: SEC (X) Delete
Name: NOWELL, MARTHA G
Address: 7111 WEST CYPRESSHEAD DR.
City-St-Zip: PARKLAND, FL 33067 US

Title: TRES (X) Delete
Name: HENNING, CRISTINA J
Address: 17330 46TH COURT N
City-St-Zip: LOXAHATCHEE, FL 33470 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES (X) Change () Addition
Name: NOWELL, MARTHA G
Address: 7111 W. CYPRESSHEAD DRIVE
City-St-Zip: PARKLAND, FL 33067 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARTHA NOWELL

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date