2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000097297

Entity Name: WELLCOMM GROUP, INC.

FILED Jan 19, 2005 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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8250 NW 25TH ST. 8250 NW 25TH ST

SUITE 3 SUITE 3

DORAL, FL 33122 DORAL, FL 331221505 US

Current Mailing Address: New Mailing Address:

8250 NW 25TH ST. 8250 NW 25TH ST

SUITE 3 SUITE 3 DORAL, FL 33122 DORAL, FL 331221505 US

FEI Number: 20-1329559 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

 DIECI, MARCO
 DIECI, MARCO A MGR

 8250 NW 25TH ST.
 8250 NW 25TH ST

 SUITE 3
 SUITE 3

DORAL, FL 33122 US DORAL, FL 331221505 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: MARCO A DIECI 01/19/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 NOVOA, ROMAN
 Name:
 MAGO, FRANCISCO A MGR

 Address:
 4093 STAGHORN LN
 Address:
 787 SW 118TH AVE.

Address: 4093 STAGHORN LN Address: 787 SW 118TH AVE.

City-St-Zip: WESTON, FL 33331 City-St-Zip: PEMBROKE PINES, FL 33025

Title: VD () Delete Title: VD (X) Change () Addition Name: MAGO, FRANCISCO Name: DIECI, MARCO A MGR

 Name:
 MAGO, FRANCISCO
 Name:
 DIECI, MARCO A MGR

 Address:
 787 SW 118TH AVE.
 Address:
 7075 NW 116TH CT

 City-St-Zip:
 PEMBROKE PINES, FL 33025
 City-St-Zip:
 DORAL, FL 331785531 US

Title: TD (X) Delete Title: () Change () Addition

 Name:
 DIECI, MARCO
 Name:

 Address:
 12123 SW 5TH CT.
 Address:

 City-St-Zip:
 PEMBROKE PINES, FL 33025
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARCO A DIECI VD 01/19/2005