


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 17, 2007 08:00 AM
Secretary of State

DOCUMENT # P04872 1. Entity Name PAUL WELCH, INC.	
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Principal Place of Business 1984 S.W. BILTMORE ST. SUITE 114 PORT ST. LUCIE, FL 34984 US	Mailing Address 1984 S.W. BILTMORE ST. SUITE 114 PORT ST. LUCIE, FL 34984 US
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DO NOT WRITE IN THIS SPACE



07112007 No Chg-P CR2E034 (11/05)

4. FEI Number 22-2450159	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WELCH, PAUL
9885 PERFECT DRIVE
PORT SAINT LUCIE, FL 34986**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **PAUL WELCH, PRES.**  **JUL 11 2007**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT WELCH, PAUL 9885 PERFECT DRIVE PORT ST. LUCIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELCH, PAUL 9885 PERFECT DRIVE PORT ST. LUCIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WELCH, PAUL 9885 PERFECT DRIVE PORT ST. LUCIE, FL
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IN THIS SPACE**

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07/17/07-80001-024 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **PAUL WELCH, PRES.**  **JUL 11 2007 772 7859888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #