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2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State
04-13-2006 90306 007 ***150.00

DOCUMENT # P05000120267

1. Entity Name
WELLOAK, INC.

Principal Place of Business
116 SE VILLAS STREET
STUART, FL 34994 US

Mailing Address
116 SE VILLAS STREET
STUART, FL 34994 US

50011554

03312006 Chg-P CR2E034 (11/05)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 20-350-5635 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
OAKOWSKY, LYNN J
116 SE VILLAS STREET
STUART, FL 34994

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______ Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P,D OAKOWSKY, LYNN J 116 SE VILLAS STREET STUART, FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Lynn J Oakowsky 4/15/06 772 283-1380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

5001994

#P05000120267

Form **SS-4** (Rev. December 2001) Department of the Treasury Internal Revenue Service	**Application for Employer Identification Number** (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records	EIN 20-3505635 OMB No. 1545-0003

1* Legal name of entity (or individual) for whom the EIN is being requested
Wellset Inc

20 3505635

2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 116 S E Veliz Street	5a Street address (if different) (Do not enter a P.O. box)
4b* City, state, and ZIP code Stuart FL 34994	5b City, state, and ZIP code

6* County and state where principal business is located
County Martin State FL

7a* Name of principal officer, general partner, grantor, owner, or trustor Harry Wellman	7b* SSN, ITIN, EIN 264-64-0661

8a* Type of entity (check only one)
- ☐ Sole Proprietor (SSN)
- ☐ Partnership
- ☑ Corporation (enter form number to be filed) ▶ 1120S
- ☐ Personal Service
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶
- ☐ Other (specify) ▶
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (SSN)
- ☐ Trust (SSN of grantor)
- ☐ National Guard
- ☐ Farmers' cooperative
- ☐ REMIC
- Group Exemption No. (GEN) ▶
- ☐ State/local government
- ☐ Federal government/military
- ☐ Indian tribal government/enterprises

8b* If a corporation, name the state or foreign country (if applicable) where incorporated	State FL	Foreign country

9* Reason for applying (check only one)
- ☑ Started new business (specify type) ▶ Wholesale
- ☐ Hired employees (Check the box and see line 12)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ Created a pension plan (specify type) ▶

10* Date business started or acquired (month, day, year) SEP. 22 2005	11* Closing month of accounting year DEC

12 First date wages or annuities were paid or will be paid (month, day, year) *Note: if applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)* ▶

13 Highest number of employees expected in the next twelve months *Note: if the applicant does not expect to have any employees during the period, enter "-0-"* ▶	Agriculture 0	Household 0	Other 0

14* Check box that best describes the principal activity of your business
- ☐ Construction
- ☐ Rental & leasing
- ☐ Transportation & warehousing
- ☐ Health care & social assistance
- ☐ Wholesale-agent/broker
- ☐ Real estate
- ☐ Manufacturing
- ☐ Finance & insurance
- ☐ Accommodation & food service
- ☐ Retail
- ☑ Wholesale-other
- ☐ Other (specify)

15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.
Furniture

15a* Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☑ No
Note: If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 15a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
Legal name ▶
Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year)	City and state where filed	Previous EIN

Third Party Designee — Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name G Michael Martin	Designee's telephone number (include area code) (561) 595 - 1110
Address and ZIP code 560 Village Blvd 335 West Palm Beach FL 33409	Designee's fax number (include area code) (561) 686 - 1330

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly) ▶	Applicant's telephone number (include area code) ( ) -
Signature ▶ Not Required Date ▶ September 22, 2005 GMT	Applicant's fax number (include area code) ( ) -