2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000051436

Entity Name: WELLINGTON PROFESSIONAL LAWN CARE, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
11360 FORTUNE CIRCLE SUITE E7 WELLINGTON, FL 33414	11360 FORTUNE CIRCLE STE E7 WELLINGTON, FL 33414
Current Mailing Address:	**New Mailing Address:**
PO BOX 1134 LOXAHATCHEE, FL 33470	

FEI Number: 20-4812141   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
PHILLIPS, GEOFFREY R 11360 FORTUNE CIR, STE. E7 WELLINGTON, FL 33414 US	PHILLIPS, GEOFFREY R 11360 FORTUNE CIR, STE E7 WELLINGTON, FL 33414 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: _____   01/04/2008
          Electronic Signature of Registered Agent   Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:	**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**
Title: D ( ) Delete Name: PHILLIPS, GEOFFREY Address: 11360 FORTUNE CIRCLE, SUITE E7 City-St-Zip: WELLINGTON, FL 33414	Title: D (X) Change ( ) Addition Name: PHILLIPS, GEOFFREY Address: 11360 FORTUNE CIRCLE, STE E7 City-St-Zip: WELLINGTON, FL 33414

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: GEOFFREY PHILLIPS   D   01/04/2008
          Electronic Signature of Signing Officer or Director   Date