2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000043964

FILED Jan 30, 2009 Secretary of State

Entity Name: WELLINGTON PROFESSIONAL STUCCO & DRYWALL I, INC.

Current Principal Place of Business:	New Principal Place of Business:

152 BAYWOOD AVE 2920 STONEWALL PLACE LONGWOOD, FL 32750 SANFORD, FL 32773

Current Mailing Address: New Mailing Address:

152 BAYWOOD AVE 2920 STONEWALL PLACE LONGWOOD, FL 32750 SANFORD, FL 32773

FEI Number: 22-3978840 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:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US KING, DONNIE 2920 STONEWALL PLACE SANFORD, FL 32773 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: DONNIE KING 01/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: DPS (X) Change () Addition

 Name:
 ARCE, DAMARIS
 Name:
 KING, DONNIE

 Address:
 152 BAYWOOD AVE
 Address:
 2920 STONEWALL PLACE

 City-St-Zip:
 LONGWOOD, FL 32750
 City-St-Zip:
 SANFORD, FL 32773

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

 Name:
 KING, DONNIE
 Name:

 Address:
 152 BAYWOOD AVE
 Address:

 City-St-Zip:
 LONGWOOD, FL 32750
 City-St-Zip:

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

 Name:
 SAVAGE, RON
 Name:

 Address:
 152 BAYWOOD AVE
 Address:

 City-St-Zip:
 LONGWOOD, FL 32750
 City-St-Zip:

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

 Name:
 THIBAULT, DAVID
 Name:

 Address:
 152 BAYWOOD AVE
 Address:

 City-St-Zip:
 LONGWOOD, FL 32750
 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: DONNIE KING DPS 01/30/2009