
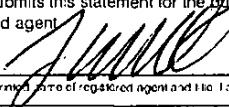
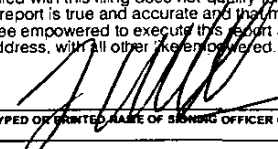


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P94000014666</b> 1. Entity Name <b>WELLS PERFORMANCE, INC.</b>					
Principal Place of Business <b>1347 UNIVERSITY BLVD. NORTH JACKSONVILLE, FL 32211</b>			Mailing Address <b>1347 UNIVERSITY BLVD. NORTH JACKSONVILLE, FL 32211</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3224017</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WELLS, JEFF 1347 UNIVERSITY BLVD. NORTH JACKSONVILLE, FL 32211</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				State: <b>FL</b> Zip Code	
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE:					
<b>FILE NOW!!! FEE IS \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WELLS, JEFFREY D 3575 RAIN FOREST DR JACKSONVILLE, FL 32277</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SAME 3513 MAJESTIC OAKS DR SAF FL 32277</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>WELLS, JEFFREY D</del> <del>3513 MAJESTIC OAKS DR</del> <del>JACKSONVILLE, FL 32277</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 information.					
SIGNATURE: 			Date: <b>5/24/06</b> Daytime Phone: <b>904-743-5878</b>		

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SECRET  
TALLAHASSEE, FLA



REINSTATEMENT 05-06  
05032006 (FEI-P) CR2E098 (1/05)

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