

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000005589 1. Entity Name WELSH ENTERPRISES, INC.	
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Principal Place of Business 1952 NW 93RD AVENUE MIAMI, FL 33172 US	Mailing Address C/O TRITRONICS 1306 CONTINENTAL DR ABINGDON, MD 21009 US
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02142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0551310	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent STOKES, PAUL M 201 S BISCAYNE BLVD SUITE 2400 MIAMI, FL 33131

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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 _____ (NOTE: Registered Agent signature required when re-stating)
Signature, typed or printed name of registered agent and file if applicable. 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WAGNER, KIMBERLY L 1603 ROLLING ROAD BEL AIR, MD 21014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCARFF, JAMES W 7 ZELDA COURT WHITEHALL, MD 21161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WILLIAMS, RANDY M SR 1835 MIDSUMMER LANE JARRETTSVILLE, MD 21084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/28/06-80050-012 150.00

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IN THIS SPACE**

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 files empowered.

SIGNATURE: *Kimberly L Wagner VP* 2/14/06 (410) 676-7300 x1211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #