

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000029393
1. Entity Name
WELLINGTON MORTGAGE GROUP, INC.



Principal Place of Business Mailing Address
3092 S. 25TH ST 3092 S. 25TH ST
FORT PIERCE, FL 34981 US FORT PIERCE, FL 34981 US

DO NOT WRITE IN THIS SPACE



03022005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0825346 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LAWRENCE, WAYNE
3092 S. 25TH ST
FORT PIERCE, FL 34981

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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

U00000341703
04/29/05-80026-006-150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------------|
| TITLE | PSTD |
| NAME | LAWRENCE, WAYNE |
| STREET ADDRESS | 3092 S. 25TH ST |
| CITY-ST-ZIP | FORT PIERCE, FL 34981 |
| TITLE | V |
| NAME | IGNACIO, RAJA J |
| STREET ADDRESS | 572 GREEN SPRINGS PL. |
| CITY-ST-ZIP | WEST PALM BEACH, FL 334097514 |
| 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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Wayne Lawrence Wayne Lawrence 4/27/05 772-465-5960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #