2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000048760

1. Entity Name

WELLINGTON SHOW STABLES, INC.

$150.00

Principal Place of Business	Mailing Address
11924 W FOREST HILL BLVD SUITE 22-325 WELLINGTON, FL 33414	11924 W FOREST HILL BLVD SUITE 22-325 WELLINGTON, FL 33414

DO NOT WRITE IN THIS SPACE

04252006   No Chg-P   CR2E034 (11/05)   06

4. FEI Number 65-0855506	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

RAUTENBACH, HELEN V
11924 W FOREST HILL BLVD
STE 22-325
WELLINGTON, FL 33414

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   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 Fee

800075220998
05/25/06--01008--011 **550.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	RAUTENBACH, HELEN V
STREET ADDRESS	11924 W FOREST BLVD 22-32
CITY-ST-ZIP	WELLINGTON, FL 33414

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
NAME	
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CITY ST ZIP	

DO NOT WRITE
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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/06   561-791-3424

Date   Daytime Phone #