

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000080460

FILED  
Apr 18, 2006  
Secretary of State

**Entity Name:** WELTEN CUSTOM HOMES AND RENOVATIONS, INC.

**Current Principal Place of Business:**

319 NW FRIAR STREET  
PORT SAINT LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

319 NW FRIAR STREET  
PORT SAINT LUCIE, FL 34983

**New Mailing Address:**

**FEI Number:** 65-0870085 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WELTEN, DENNIS H  
319 NW FRIAR STREET  
PORT SAINT LUCIE, FL 34983 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PRES ( ) Delete  
**Name:** WELTEN, DENNIS H  
**Address:** 319 NW FRIAR ST  
**City-St-Zip:** PORT SAINT LUCIE, FL 34983

**Title:** SEC ( ) Delete  
**Name:** WELTEN, DENNIS H  
**Address:** 319 NW FRIAR ST.  
**City-St-Zip:** PORT SAINT LUCIE, FL 34983

**Title:** VPRE ( ) Delete  
**Name:** ANDREW, COHEN L  
**Address:** 344 NW DEARMAN ST.  
**City-St-Zip:** PORT ST. LUCIE, FL 34983

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** VPRE (X) Change ( ) Addition  
**Name:** ANDREW, COHEN L  
**Address:** 1509 SW KAMCHATKA AVE.  
**City-St-Zip:** PORT ST. LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the 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:** DENNIS WELTEN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

04/18/2006

\_\_\_\_\_  
Date