


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State


DOCUMENT # P99000071297

1. Entity Name
 SYLVIA WELLS-CULLINS, INC.



Principal Place of Business 1600 S.E. 15 STREET, #204 FT. LAUDERDALE, FL 33316	Mailing Address 1600 S.E. 15 STREET, #204 FT. LAUDERDALE, FL 33316
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01242005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0940179	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WELLS-CULLINS, SYLVIA
 1600 S.E. 15 STREET, #204
 FT. LAUDERDALE, FL 33316

DO NOT WRITE 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: *Sylvia Wells-Cullins, Pres.* SYLVIA WELLS-CULLINS DATE: 4/14/05

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

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

U000000314831
 04/19/05-80001-019 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WELLS-CULLINS, SYLVIA 1600 S.E. 15 STREET, #204 FT. LAUDERDALE, FL 33316
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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)(f), 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: *Sylvia Wells-Cullins* SYLVIA WELLS-CULLINS DATE: 4/14/05 954-522-0522

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