


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000072230
 1. Entity Name
WELLINGTON STORAGE, INC.



Principal Place of Business 8135 LAKE WORTH RD SUITE B LAKE WORTH, FL 33467	Mailing Address 8135 LAKE WORTH RD SUITE B LAKE WORTH, FL 33467
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01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0848899	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**COLMAN, NANCY B ESQ.
 DREIER BARITZ & COLMAN
 150 EAST PALMETTO PARK ROAD, SUITE 750
 BOCA RATON, FL 33432**

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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 _____ DATE _____
Signature, typed 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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PECHTER, MARTIN 751 PARK OF COMMERCE DR 128 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PECHTER, JEFFREY 8135 LAKE WORTH RD SUITE B LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PECHTER, JEFFREY 8135 LAKE WORTH RD. SUITE B LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PECHTER, MARTIN 751 PARK OF COMMERCE DR 128 BOCA RATON, FL 33487
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 03/23/06-80012-020 158.75

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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: _____ **3/9/06 561-359-0121**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #