

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90477 004 ***150.00

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| DOCUMENT # S33258 | |  | |
| 1. Entity Name WELLCORP III, INC. | | | |
| Principal Place of Business 1500 W. CYPRESS CREEK RD. SUITE 409 FORT LAUDERDALE, FL 33309 US | | Mailing Address 3801 PGA BLVD #600 PALM BEACH GARDENS, FL 33410 US | |
| 2. Principal Place of Business | | 3. Mailing Address <i>1500 W. Cypress Creek Rd.</i> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. <i>Suite 409</i> | |
| City & State | | City & State <i>Fort Lauderdale, Fl</i> | |
| Zip | Country | Zip | Country |
| <i>33309</i> | | <i>33309</i> | <i>Broward</i> |
| 4. FEI Number 65-0253000 | | 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 | | 7. Name and Address of New Registered Agent | |
| MICHAEL E. SCHULTZ C/O BRENNER REAL ESTATE GROUP 1500 W. CYPRESS CREEK RD. #409 FORT LAUDERDALE, FL 33309 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPT SCHULTZ, MICHAEL E 2830 LONG MEADOW DR. WEST PALM BEACH, FL 33414 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: <i>Michael E. Schultz</i> | | Michael E. Schultz <i>4/27/06</i> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # | |

50017647



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