## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F08000001544

Entity Name: WINDSWEPT ORGANIX, INC.

FILED Jun 23, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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850 S BOGLE AVE 3303 S. LINDSAY RD SUITE 2 SUITE 104

CHANDLER, AZ 85225 GILBERT, AZ 85297

Current Mailing Address: New Mailing Address:

850 S BOGLE AVE 3303 S. LINDSAY RD SUITE 2 SUITE 104 GILBERT, AZ 85297

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

INCORP SERVICES, INC. 17888 67TH COURT NORTH LOXAHATCHEE, FL 33470 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

Name:STUMPFF, KEVINName:STUMPFF, KEVINAddress:3736 E ESPLANADE AVEAddress:3303 S. LINDSAY RD STE. 104

City-St-Zip: GILBERT, AZ 85297 City-St-Zip: GILBERT, AZ 85297

Title: Title: () Delete (X) Change ( ) Addition BURGESSER, DEBORAH Name: Name: BURGESSER, DEBORAH 3736 E ESPLANADE AVE 3303 S. LINDSAY RD STE. 104 Address: Address: GILBERT, AZ 85297 GILBERT, AZ 85297 City-St-Zip: City-St-Zip:

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MOON, JEFF
 Name:
 Address:
 Address:
 Address:
 Address:
 City-St-Zip:

 City-St-Zip:
 GILBERT, AZ 85297
 City-St-Zip:
 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition STUMPFF, JODI STUMPFF, JODI Name: Name: Address: 3503 E TEMECULA CT Address: 3303 S. LINDSAY RD STE. 104 City-St-Zip: City-St-Zip: GILBERT, AZ 85297 GILBERT, AZ 85297

I hereby certify that the information supplied with this filing does not qualify 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: DAN MARTINEZ CFO 06/23/2009