FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90119 027 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000046686

1. Entity Name
WINDANCER MANAGEMENT COMPANY

20064444

07072005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
~~4350 HILLCREST DRIVE~~ 614 HOLLYWOOD, FL 33021	~~4350 HILLCREST DRIVE~~ 614 HOLLYWOOD, FL 33021

2. Principal Place of Business		3. Mailing Address	
1712 NE 16 Avenue		1712 NE 16 Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Ft Lauderdale Fl		City & State: Ft Lauderdale Fl	
Zip: 33305	Country: USA	Zip: 33305	Country: USA

4. FEI Number 65-1113298 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JAN BLANCO 4350 HILLCREST DR. 614 HOLLYWOOD, FL 33021	Name: Mike Austin Street Address (P.O. Box Number is Not Acceptable): 1914 E Oakland Park Blvd. City: Fort Lauderdale FL Zip Code 33306

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 [signature] 7/6/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	ANDRUS, HEIDI		NAME		
STREET ADDRESS	~~4350 HILLCREST DRIVE, #614~~		STREET ADDRESS	1712 NE 16 Ave	
CITY-ST-ZIP	~~HOLLYWOOD, FL 33021~~		CITY-ST-ZIP	Ft Lauderdale Fl 33305	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] Heidi Andrus 7/6/05 954-612-9653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #