


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P06000084472</b> 1. Entity Name HIGHWINDS SYSTEMS GROUP, INC.	
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Principal Place of Business 807 WEST MORSE BLVD. SUITE 101 WINTER PARK, FL 32789	Mailing Address 807 WEST MORSE BLVD. SUITE 101 WINTER PARK, FL 32789
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**DO NOT WRITE IN THIS SPACE**



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5084500	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, THOMAS S  
807 WEST MORSE BLVD.  
SUITE 101  
WINTER PARK, FL 32789

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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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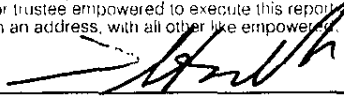
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, THOMAS S 807 WEST MORSE BLVD. STE 101 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MILLER, THOMAS S 807 WEST MORSE BLVD. STE 101 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA MILLER, THOMAS S 807 WEST MORSE BLVD. STE 101 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR MILLER, THOMAS S 807 WEST MORSE BLVD. STE 101 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000845892  
03/18/08-80006-007 150.00

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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 empowerments.

**SIGNATURE:**  **2/29/08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #