


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 12, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000003699 1. Entity Name WINDWARD PETROLEUM, INC.	
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Principal Place of Business 1064 GOFFS FALLS RD. MANCHESTER, NH 03103	Mailing Address 1064 GOFFS FALLS RD. MANCHESTER, NH 03103
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DO NOT WRITE IN THIS SPACE



05252007 No Chg-P CR2E034 (11/05)

4. FEI Number 41-1910696	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324
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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 _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, WILLIAM T. 7825 N. WASHINGTON AVE., STE. 500 MINNEAPOLIS, MN 55439
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNY, GEORGE P. III 500 BOYLSTON ST., STE. 1880 BOSTON, MA 021163740
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WELCHER, F. ANDREW 1064 GOFFS FALLS RD. MANCHESTER, NH 03103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ELDRED, STEPHEN 1064 GOFFS FALLS RD. MANCHESTER, NH 03103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAUM, ROSLYN G. TWO INTERNATIONAL PLACE BOSTON, MA 02110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SPOOR, MICHAEL C. 1064 GOFFS FALLS RD. MANCHESTER, NH 03103

U000000766125
06/12/07-80002-016 150.00

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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 empowered.

SIGNATURE: S. D. [Signature] 6/1/07 603 222 2512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #