

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000084472

**FILED**  
**Jan 19, 2010**  
**Secretary of State**

**Entity Name:** HIGHWINDS SYSTEMS GROUP, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

807 W MORSE BLVD, SUITE 101  
WINTER PARK, FL 32789

**Current Mailing Address:**

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

**New Mailing Address:**

807 W MORSE BLVD, SUITE 101  
WINTER PARK, FL 32789

**FEI Number:** 20-5084500

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

MILLER, THOMAS S  
807 W MORSE BLVD, SUITE 101  
WINTER PARK, FL 32789 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:

01/19/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: MILLER, THOMAS S  
Address: 807 W MORSE BLVD, SUITE 101  
City-St-Zip: WINTER PARK, FL 32789

Title: CEO  
Name: MILLER, R GABE  
Address: 807 W MORSE BLVD, SUITE 101  
City-St-Zip: WINTER PARK, FL 32789

I hereby 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 all other like empowered.

SIGNATURE: MHAMILTON

FMGR

01/19/2010

Electronic Signature of Signing Officer or Director

Date