

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 256997		
1. Entity Name TRADEWINDS PRODUCTS INC		
Principal Place of Business 1735 SR 419 LONGWOOD, FL 32750 US		Mailing Address HWY. 17-92 & SR-419 P O BOX 8001 SANFORD, FL 32772-8001 US
DO NOT WRITE IN THIS SPACE		
		02202006 No Chg-P CR2E034 (11/05)
4. FEI Number 59-2001646		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MOORE, THOMAS W HWY 19-92 & SR-419 SANFORD, FL 32773		DO NOT WRITE 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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		2-20-06 <small>DATE</small>
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000450652 03/10/06-80014-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MOORE, LEE P 1735 SR 419 LONGWOOD, FL 32750	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAHILL, JOHN F 1735 SR 419 LONGWOOD, FL 32750	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOORE, THOMAS W. 1735 SR 419 LONGWOOD, FL 32750	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRANK, RICHARD T 1735 SR 419 LONGWOOD, FL 32750	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		JOHN F. CAHILL 2-20-06 (407) 322-2421 <small>Date Daytime Phone #</small>