
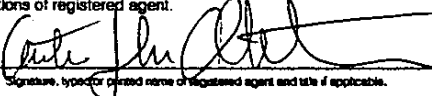



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90160 004 ****61.25

DOCUMENT #717387 1. Entity Name WIN-SAN INC.					
Principal Place of Business 111 N ATLANTIC AVE NEW SMYRNA BEACH, FL 32169			Mailing Address P O BOX 1180 NEW SMYRNA BEACH, FL 32170		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02232006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-1311109				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GEPHART, PAUL WIN SAN INC P O BOX 1180 111N ATLANTIC AVE NEW SMYRNA BEACH, FL 32170			Name BECKER + POLIAKOFF Street Address (P.O. Box Number is Not Acceptable) 2500 MAITLAND CTR. Hwy. Sec. 209 MAITLAND City FL Zip Code 32751		
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:  for Becker & Poliakoff P.A. 3/3/06 <small>Signature, typewritten name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FLOYD, MARIAN 1475 DODD RD WINTER PARK, FL 32792	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD John Cannavino 210 Nobhill Circle Longwood, FL 32779	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, JANET 37 FRANKLIN ST ANNAPOLIS, MD 21401	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Craig Reukauf 111 N. Atlantic Ave. A 321 New Smyrna Beach, FL 32169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GEPHART, PAUL 4809 EATON CT PLANO, TX 75093	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Elizabeth Martin 6606 Conway Lakes Drive Orlando, FL 32812	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARR, SANDRA 72 EVERGREEN RD NORTH KINGSTOWN, RI 02852	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WELDON, GERALDINE 16106 CONWAY LAKES DR ORLANDO, FL 32812	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Kevin Renzi 802 Lake Davis Cr. Orlando, FL 32805	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUMEISTER, DAYLE 1730 DOGWOOD FOREST LAKE MARY, FL 32748	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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:  ELIZABETH MARTIN 2/28/06 407-857 0151 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Insurer

*D Paul Gephart
4609 Eaton Cir
Plano, TX 75093*

**BECKER &
POLIAKOFF**

ATTACHMENT
40027480
717387

2500 Maitland Center Parkway
Suite 209
Maitland, Florida 32751
Phone: (407) 875-0955 Fax: (407) 875-3401
US Toll Free: (800) 232-5379

ADMINISTRATIVE OFFICE
3111 STIRLING ROAD
FORT LAUDERDALE, FL 33312
800.432.7712 U.S. TOLL FREE

WWW.BECKER-POLIAKOFF.COM
BP@BECKER-POLIAKOFF.COM

March 6, 2006

Reply To:
Orlando
Cathy Williams

Division of Corporations
Annual Report
P.O. Box 1500
Tallahassee, FL 32302-1500


Re: **Win-San Inc. / 2006 Annual Report**

Dear Sir or Madam:

Please find enclosed for filing the original executed Not-for-Profit Corporation Annual Report for the above-referenced corporation. Also enclosed is the corporation's check No. 1200 in the amount of \$61.25 to cover the filing fee.

If you have any questions, please call me.

Sincerely,


Cathy Williams
Legal Assistant to C. John Christensen

/caw
Encls.

cc: Win-San Inc.

FLORIDA OFFICES
BOCA RATON
FORT MYERS
FORT WALTON BEACH
HOLLYWOOD
HOMESTEAD
LARGO
MELBOURNE *
MIAMI
NAPLES
ORLANDO
SARASOTA
TALLAHASSEE
WEST PALM BEACH

AFFILIATED OFFICES
BEIJING
FRANKFURT
NEW YORK
PRAGUE
TEL AVIV

* by appointment only