2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#717387

Entity Name: WIN-SAN INC.

FILED Mar 29, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:	
111 N ATLANTIC AVE NEW SMYRNA BEACH, FL 32169					
Current Mailing Address:				New Mailing Address:	
P O BOX 1180 NEW SMYRNA BEACH, FL 32170					
FEI Number:	59-1311109	FEI Number Applied For ()	FEI Nur	nber Not Applicable()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:	
BECKER & POLIAKOFF 2500 MAITLAND CENTER PKWY. STE. 209 MAITLAND, FL 32751 US				WILLIAM L. ROSS, JR. 231 NORTH CAUSEWAY NEW SMYRNA BEACH, FL 32169 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: WILLIAM L. ROSS, JR.					03/29/2007
Electronic Signature of Registered Agent				Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VD () CANNAVINO, JO 210 NOBHILL C LONGWOOD, F	CIRCLE		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	REUKAUF, CRA 111 N. ATLANT			Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	TD () MARTIN, ELIZA 6606 CONWAY ORLANDO, FL	LAKES DR		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	CARR, SANDRA 72 EVERGREE			Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SD () RENZI, KEVIN 802 LAKE DAVI ORLANDO, FL			Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () BAUMEISTER, 1730 DOGWOO LAKE MARY, F	DD FOREST		Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH MARTIN TD 03/29/2007