


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 8:00 am**  
**Secretary of State**

01-31-2007 90049 028 \*\*\*\*61.25

<b>DOCUMENT # 751441</b>					
1. Entity Name TRADEWINDS BY THE SEA, INC.					
Principal Place of Business 2029 NORTH OCEAN BLVD. FORT LAUDERDALE, FL 33305			Mailing Address 1750 UNIVERSITY DR. 205 POMPANO BEACH, FL 33071		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SIFT MGMT. SOULTIONS 1750 UNIVERSITY DR. #205 POMPANO BEACH, FL 33071				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				Zip Code	
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 _____					
<b>Filing Fee Is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>COSTA, LUIS</del>		NAME	Dwight Taylor	
STREET ADDRESS	<del>2029 NORTH OCEAN BLVD #204</del>		STREET ADDRESS	2029 N. OCEAN BLVD # 203	
CITY-ST-ZIP	<del>FORT LAUDERDALE, FL 33305</del>		CITY-ST-ZIP	Ft. LAUDERDALE, FL 33305	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	V P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>MCELMEED, PATRICK</del>		NAME	James Gulluscio	
STREET ADDRESS	<del>2029 N OCEAN BLVD, 306</del>		STREET ADDRESS	2029 N. OCEAN BLVD # 409	
CITY-ST-ZIP	<del>FORT LAUDERDALE, FL 33305</del>		CITY-ST-ZIP	FT. LAUDERDALE, FL 33305	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Sect.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>PRICE, ANGELA</del>		NAME	Katherine Willoughby	
STREET ADDRESS	<del>2029 N OCEAN BLVD #308</del>		STREET ADDRESS	2029 N. OCEAN, BLVD #3407	
CITY-ST-ZIP	<del>FORT LAUDERDALE, FL 33305</del>		CITY-ST-ZIP	FL LAUDERDALE, FL 33305	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	TREA.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>PRICE, BALTAS</del>		NAME	Steven Palasay	
STREET ADDRESS	<del>2029 N. OCEAN BLVD #308</del>		STREET ADDRESS	2029 N. OCEAN BLVD # 205	
CITY-ST-ZIP	<del>FORT LAUDERDALE, FL 33305</del>		CITY-ST-ZIP	FT. LAUDERDALE, FL 33305	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	James Brund Dir	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>EABAY, WOLLY</del>		NAME		
STREET ADDRESS	<del>2029 N. OCEAN BLVD #108</del>		STREET ADDRESS	2029 N. OCEAN BLVD # 109	
CITY-ST-ZIP	<del>FORT LAUDERDALE, FL 33305</del>		CITY-ST-ZIP	FT. LAUDERDALE, FL 33305	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: <i>Kathleen Jenkins</i>			Date: 01/26/07 Daytime Phone #: 954-344-6347		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

90001000



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4. FEI Number 59-2003419 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required