2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 08, 2007 08:00 AM DOCUMENT # F02000003387 **Secretary of State** 1. Entity Name TRADEWINDS INT., INC. Principal Place of Business Mailing Address 1934 SE 37TH ST. 1934 SE 37TH ST. CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 CR2E034 (11/05) 01032007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FÉI Number **NOT APPLICABLE** Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WATKINS, DOUGLAS A DO NOT WRITE 1934 SE 37TH ST.~ CAPE CORAL, FL 33904 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE WATKINS, DOUGLAS A NAME STREET ADDRESS 1934 SE 37TH ST. CITY-ST-ZIP CAPE CORÂL, FL 33904 U00000577518 กมหัติลังก็วี-ลีกกรีกิ-กาล ปรก.กก TITLE NAME STREET ADDRESS CITY-ST-7IP ITILE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

er talegari Geografia

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED