2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003916

Entity Name: CROSSWIND CAPITAL, INC.

LAND O LAKES, FL 34639

City-St-Zip:

FILED Aug 24, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2059 MERITAGE DRIVE 564 WEDGE LN. SPARKS, NV 89434 FERNLEY, NV 89408 **Current Mailing Address: New Mailing Address:** P.O. BOX 1045 LAND O LAKES, FL 34639 FEI Number: 91-2133428 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SOWLES, KEVIN 7826 BLUE SPRING DRIVE LAND O LAKES, FL 34639 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: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PST () Delete () Change () Addition SOWLES, KEVIN Name: Name: P.O. BOX 1045 Address: Address: City-St-Zip: LAND O LAKES, FL 34639 City-St-Zip: Title: PST (X) Delete Title: () Change () Addition Name: SOWLES, KEVIN Name: P.O. BOX 1045 Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN SOWLES PST 08/24/2005