2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005
Secretary of State

DOCUMENT# F03000003907

Entity Name: TRADEWINDS COMMUNITIES, INC.

Current Principal Place of Business:

110 EAGLE SPRINGS DRIVE, STE. A
STOCKBRIDGE, GA 30281

New Principal Place of Business:

829 FAIRWAYS CT. STE.200
STOCKBRIDGE, GA 30281

Current Mailing Address:

110 EAGLE SPRINGS DRIVE, STE. A
STOCKBRIDGE, GA 30281

New Mailing Address:

829 FAIRWAYS CT. STE. 200
STOCKBRIDGE, GA 30281

FEI Number: 58-2452739 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PETERSON, CARL R JR.
2145 DELTA BLVD., STE. 200
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COLLIER, MIKE
Address: 110 EAGLE SPRINGS DRIVE, STE. A
City-St-Zip: STOCKBRIDGE, GA 30281

Title: S ( ) Delete
Name: COLLIER, WALT
Address: 110 EAGLE SPRINGS DRIVE, STE. A
City-St-Zip: STOCKBRIDGE, GA 30281

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COLLIER, MIKE
Address: 829 FAIRWAYS CT. STE.200
City-St-Zip: STOCKBRIDGE, GA 30281

Title: S (X) Change ( ) Addition
Name: COLLIER, WALT
Address: 829 FAIRWAYS CT. STE.200
City-St-Zip: STOCKBRIDGE, GA 30281

Title: VP ( ) Change (X) Addition
Name: NORBECK, MIKE
Address: 829 FAIRWAYS CT. STE. 200
City-St-Zip: STOCKBRIDGE, GA 30281

Title: VP ( ) Change (X) Addition
Name: COLLIER, BRIAN
Address: 829 FAIRWAYS CT. STE. 200
City-St-Zip: STOCKBRIDGE, GA 30281

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: MIKE NORBECK VP 02/02/2005

Electronic Signature of Signing Officer or Director — Date