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Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : I20000000257 Phone : (850)224-8870

Fax Number

: (850)224-7047

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FOREIGN PROFIT QUALIFICATION

Westwinds Management Corporation

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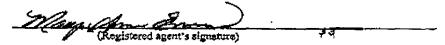
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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. Westwinds Management Corp. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp,") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Nevada Not Applicable (State or country under the law of which it is incorporated) (FEI number, if applicable) 5. Perpetual September 3, 1991 (Duration: Year corp. will cease to exist or "perpetual") (Date of incorporation) October 25, 2004 (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty (lability) 7, 2911 Deerwood Ct., Henderson, NV 89074 (Principal office address) 2911 Deerwood Ct., Henderson NV 89074 (Current mailing address) g. To engage in any lawful activity for which corporations may be incorporated under the State of Florida (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Mary Ann Evans Name: 4921 SW 17th Piece Office Address: Cape Coral Florida 53914 (City)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am fumiliar with and accept the obligations of my position as registered agent.



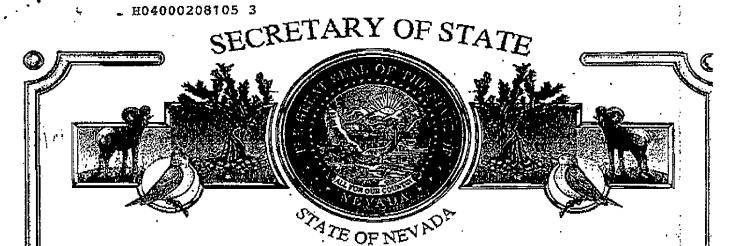
- 11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official baving custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and business addresses of officers and/or directors:

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	Erin Hegarty	
	2911 Deerwood Ct., Henderson, NV 59074	· · · · · · · · · · · · · · · · · · ·
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C+	If necessary, you may attach an addendum to the application listing additional of	ficers and/or directors.
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CAPITAL CONNECTION



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies. limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, WESTWINDS MANAGEMENT CORP., as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since, September 3, 1991, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand And affixed the Great Seal of State at my office, in Carson City, Nevada, on. October \$5, 2004

Dean Heller

Secretary of State

Certification Clerk