

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002650

FILED
Feb 22, 2011
Secretary of State

Entity Name: WINDSTONE MEDICAL PACKAGING, INC.

Current Principal Place of Business:

1602 FOURTH AVENUE NORTH
BILLINGS, MT 59101

New Principal Place of Business:

Current Mailing Address:

1602 FOURTH AVENUE NORTH
BILLINGS, MT 59101

New Mailing Address:

522 HUNT CLUB BLVD.
PMB 412
APOPKA, FL 32703

FEI Number: 47-0932770

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

OFFICERS AND DIRECTORS:

Title: PD
Name: DEMAN, GREG
Address: 201 PIERCE STREET, SUITE 205
City-St-Zip: SIOUX CITY, IA 51101

Title: CEOD
Name: SHUMATE, CARL
Address: 522 HUNT CLUB BLVD., PMB 412
City-St-Zip: APOPKA, FL 32703

Title: V
Name: DRABIK, EUGENE F
Address: 522 HUNT CLUB BLVD., PMB 412
City-St-Zip: APOPKA, FL 32703

Title: STD
Name: YOERGER, SHERRY
Address: 201 PIERCE STREET, SUITE 205
City-St-Zip: SIOUX CITY, IA 51101

Title: D
Name: RIZK, WILLIAM
Address: 201 PIERCE STREET, SUITE 205
City-St-Zip: SIOUX CITY, IA 51101

Title: D
Name: RATHL, SANJEEV A
Address: 522 HUNT CLUB BLVD., PMB 412
City-St-Zip: APOPKA, FL 32708

I hereby 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 all other like empowered.

SIGNATURE: CARL SHUMATE

CEO

02/22/2011

Electronic Signature of Signing Officer or Director

Date