

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F74837

FILED  
Jan 19, 2007  
Secretary of State

Entity Name: WEST WIND TRAINING CENTER, INC.

**Current Principal Place of Business:**

1685 BLACKWELDER RD  
DELEON SPRINGS, FL 32130 US

**New Principal Place of Business:**

**Current Mailing Address:**

1685 BLACKWELDER RD.  
DELEON SPRINGS, FL 32130 US

**New Mailing Address:**

FEI Number: 59-2196233

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PRESLEY, SANDRA W.  
1695 BLACKWELDER RD  
DE LEON SPRINGS, FL 32130 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: PST ( ) Delete  
Name: PRESLEY, SANDRA W,  
Address: 1685 BLACK WELDER RD.  
City-St-Zip: DELEON SPRINGS, FL 32130

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: SANDRA W PRESLEY

PST

01/19/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date