

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002549

Entity Name: MISTRAL WIND, INC.

FILED
Apr 24, 2008
Secretary of State

Current Principal Place of Business:

C/O C MILLER
605 N HIGHWAY 169 STE 375
PLYMOUTH, MN 55441

Current Mailing Address:

C/O C MILLER
605 N HIGHWAY 169 STE 375
PLYMOUTH, MN 55441

New Principal Place of Business:

C/O C MILLER
601 CARLSON PARKWAY #750
MINNETONKA, MN 55305

New Mailing Address:

C/O C MILLER
601 CARLSON PARKWAY #750
MINNETONKA, MN 55305

FEI Number: 41-1864670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, PAUL D
27791 MARINA POINTE DRIVE
BONITA SPRINGS, FL 34134 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: PDS () Delete
Name: KELLY, PAUL D
Address: 27791 MARINA POINTE DR
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VP () Delete
Name: KELLY, DAVID P
Address: 605 N HWY 169
City-St-Zip: PLYMOUTH, MN 55441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: KELLY, DAVID P
Address: 601 CARLSON PARKWAY #750
City-St-Zip: MINNETONKA, MN 55441

I hereby certify that the information supplied with this filing does not qualify 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: PAUL D. KELLY

PDS

04/24/2008

Electronic Signature of Signing Officer or Director

Date