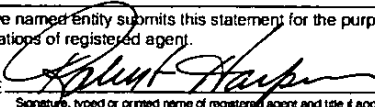
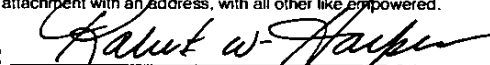


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90178 010 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                                                                                                                                                                                                                      |                                                                                                                                                |                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # H52082</b><br>1. Entity Name<br><b>WIN-MIL-NO CORP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                                                                                                                                                                                                                      |                                                                                                                                                |                |  |
| Principal Place of Business<br><b>4504 PILTENDER DR<br/>SARASOTA, FL 34234 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                                                                                                                                                                                                                                      | Mailing Address<br><b>4504 PILTENDER DR<br/>SARASOTA, FL 34234 US</b>                                                                          |                                                                                                 |  |
| 2. Principal Place of Business<br><b>4402 PILTENDER DR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            | 3. Mailing Address<br><b>4402 PILTENDER DR</b>                                                                                                                                                                                       |                                                                                                                                                |                                                                                                 |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            | Suite, Apt. #, etc.                                                                                                                                                                                                                  |                                                                                                                                                |                                                                                                 |  |
| City & State<br><b>SARASOTA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            | City & State<br><b>SARASOTA</b>                                                                                                                                                                                                      |                                                                                                                                                | 4. FEI Number<br><b>59-2500069</b>                                                              |  |
| Zip<br><b>34234</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            | Country<br><b>USA</b>                                                                                                                                                                                                                |                                                                                                                                                | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>KANDIS, MIKE<br/>4142 EDAM ST<br/>SARASOTA, FL 34234</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | 7. Name and Address of New Registered Agent<br>Name <b>PAT - MAXWELL</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>3917 GUILDER ST</b><br><b>SARASOTA FL 34234</b><br>City <b>SARASOTA</b> <b>FL</b> Zip <b>34234</b> |                                                                                                                                                |                                                                                                 |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE  DATE <b>2/24/05</b><br><small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)</small>                                                                                                                                   |                                            |                                                                                                                                                                                                                                      |                                                                                                                                                |                                                                                                 |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                                   |                                                                                                                                                |                                                                                                 |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                                                                                                                                                                                                                                      | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                   |                                                                                                 |  |
| TITLE<br><b>P</b><br>NAME<br><b>KANDIS, MIKE</b><br>STREET ADDRESS<br><b>4142 EDAM STREET</b><br>CITY-ST-ZIP<br><b>SARASOTA, FL 34234</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> Delete |                                                                                                                                                                                                                                      | TITLE<br><b>PRESIDENT</b><br>NAME<br><b>PAT MAXWELL</b><br>STREET ADDRESS<br><b>3917 GUILDER ST</b><br>CITY-ST-ZIP<br><b>SARASOTA FL 34234</b> | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |  |
| TITLE<br><b>VP</b><br>NAME<br><b>SHARKEY, KENNETH</b><br>STREET ADDRESS<br><b>3706 EDAM ST.</b><br>CITY-ST-ZIP<br><b>SARASOTA, FL 34234</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> Delete |                                                                                                                                                                                                                                      | TITLE<br><b>CONSTANCE MCNAMARA</b><br>NAME<br><b>3709 COPENHAGEN</b><br>STREET ADDRESS<br><b>SARASOTA FL 34234</b><br>CITY-ST-ZIP              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                    |  |
| TITLE<br><b>T</b><br>NAME<br><b>HARPER, ROBERT</b><br>STREET ADDRESS<br><b>3913 VOORNE ST</b><br>CITY-ST-ZIP<br><b>SARASOTA, FL 34234</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete            |                                                                                                                                                                                                                                      | TITLE<br><b>T</b><br>NAME<br><b>ROBERT HARPER</b><br>STREET ADDRESS<br><b>4402 PILTENDER DR</b><br>CITY-ST-ZIP<br><b>SARASOTA FL 34234</b>     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                    |  |
| TITLE<br><b>S</b><br>NAME<br><b>KANDIS, JACKIE</b><br>STREET ADDRESS<br><b>4142 EDAM STREET</b><br>CITY-ST-ZIP<br><b>SARASOTA, FL 34234</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete            |                                                                                                                                                                                                                                      | TITLE<br><b>S</b><br>NAME<br><b>KANDIS JACKIE</b><br>STREET ADDRESS<br><b>4142 EDAM ST</b><br>CITY-ST-ZIP<br><b>SARASOTA FL 34234</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete            |                                                                                                                                                                                                                                      | TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY-ST-ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Delete            |                                                                                                                                                                                                                                      | TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY-ST-ZIP                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |  |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                            |                                                                                                                                                                                                                                      |                                                                                                                                                |                                                                                                 |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |                                                                                                                                                                                                                                      | Date <b>941-358 0636</b><br><small>Daytime Phone #</small>                                                                                     |                                                                                                 |  |