

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J53243

Entity Name: SUVAWINDS, INC.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

2903 CHELSEA WOODS DR.
VALRICO, FL 33596

New Principal Place of Business:

Current Mailing Address:

2903 CHELSEA WOODS DR.
VALRICO, FL 33596

New Mailing Address:

FEI Number: 59-2763536

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEINSTEIN, NEAL
412 E MADISON STREET
1111
TAMPA, FL 33602 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: VPD () Delete
Name: ADAM, ROSEMARIE
Address: 2903 CHELSEA WOODS DR.
City-St-Zip: VALRICO, FL 33596

Title: PD () Delete
Name: DEMARTELL, HENRI
Address: 2933 CHELSEA WOODS DR.
City-St-Zip: VALRICO, FL 33596

Title: D () Delete
Name: ADAM, DONALD A.
Address: 18542 BEACHMONT AVENUE
City-St-Zip: SANTA ANA, CA

Title: D () Delete
Name: ADAM, BEVERLY
Address: 18542 BEACHMONT AVENUE
City-St-Zip: SANTA ANA, CA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: HENRI DEMARTELL

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date