


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90774 049 ***150.00

DOCUMENT # J58815	
1. Entity Name WINNING APPLICATIONS, INC.	

Principal Place of Business 12525 ORANGE DRIVE SUITE 707 DAVIE, FL 33330 US	Mailing Address 12525 ORANGE DRIVE SUITE 707 DAVIE, FL 33330 US
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14018402



2. Principal Place of Business 17766 94th St North Suite, Apt. #, etc.	3. Mailing Address 17766 94th St North Suite, Apt. #, etc.
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04302004 Chg-P CR2E034 (10/03)

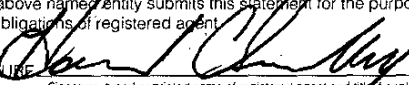
City & State Loxahatchee FL	City & State Loxahatchee FL
Zip 33470	Zip 33470
Country US	Country US

4. FEI Number 59-2773069	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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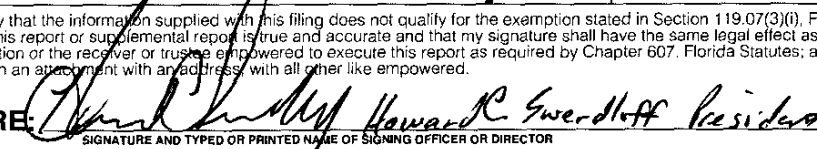
6. Name and Address of Current Registered Agent SWERDLOFF, HOWARD C 5810 SW 164TH TERR FT LAUDERDALE, FL 33331
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7. Name and Address of New Registered Agent Name Howard C Swerdloff Street Address (P.O. Box Number is Not Acceptable) 17766 94th St North City Loxahatchee FL Zip Code 33470

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. SIGNATURE  Howard C Swerdloff President DATE 4/30/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SWERDLOFF, HOWARD 5810 SW 164TH TERR FT LAUDERDALE, FL 3331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Swerdloff, Howard 17766 94th Street North Loxahatchee FL 33470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MV FOREMAN-SWERDLOFF, KIMBE 5810 SW 164TH TERR FT LAUDERDALE, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MV Foreman-Swerdloff, Kimberle 17766 94th Street North Loxahatchee FL 33470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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:  Howard C Swerdloff President DATE 4/30/04 DAYTIME PHONE # 561-422-2922 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	