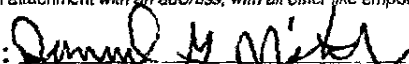


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # K31493 1. Entity Name TRADEWIND FINANCE CO., INC.			
Principal Place of Business 3457 RIVERHILL DR PACE, FL 32571		Mailing Address 3457 RIVERHILL DR PACE, FL 32571	
DO NOT WRITE IN THIS SPACE			
		01312006 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-2907101		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MITCHELL, DURWOOD G 3457 RIVERHILL DR. PACE, FL 32571		DO NOT WRITE IN THIS SPACE	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		DATE 02/14/06-80014-019 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PVT MITCHELL, DURWOOD G 3457 RIVERHILL DR. PACE, FL 32571	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DCM MITCHELL, DURWOOD G 3457 RIVERHILL DR. PACE, FL 32571	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		1-31-06 850 9940977	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	