2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # K97544 1. Entity Name WINDHORSE ENTERPRISES, INC. Mailing Address Principal Place of Business 1820 NE JENSEN BEACH 1820 NE JENSEN BEACH

FILED Feb 14, 2004 08:00 AM Secretary of State

6. Name and Address of Current Registered Agent DOOLEY, BRUCE R. 1820 NE JENSEN BEACH SUITE 621 JENSEN BEACH, FL 34957 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 act the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS TILL NAME SIGNAT AGENT A		SUITE 621 EACH, FL 34957 US JENSEN BEACH, FL 34957 US						
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1820 NE JENSEN BEACH SUITE 621 JENSEN BEACH, FL 34957 S. 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 act the obligations of registered agent. SIGNATURE Signature, broad or printed name of registered agent and title if applicable. PILE NOWILI FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. DOOLEY, BRUCE R P.O. BOX 460356 FT LAUDERDALE, FL 33346 TITLE MAME SIGNATURE DOOLEY, BRUCE R P.O. BOX 460356 FT LAUDERDALE, FL 33346 TITLE MAME SIGNATURE TITLE MAME SIGNATURE DOOLEY, BRUCE R P.O. BOX 460356 FT LAUDERDALE, FL 33346 TITLE MAME SIGNATURE DOOLEY, BRUCE R P.O. BOX 460356 FT LAUDERDALE, FL 33346 TITLE MAME SIGNATURE DOOLEY, BRUCE R P.O. BOX 460356 DOOL	5. Name and Address of Current Regist	ered Agent	<u> </u>	=		rea nequired		
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title of applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ITILE NAME DOOLEY, BRUCE R P.O BOX 460356 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE ST	1820 NE JENSEN BEACH SUITE 621							
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NAME CONTEST ADDRESS	TITLE D NAME DOOLEY, BRUCE R STRIET ADDRESS P.O BOX 460356 CITY-ST-ZIP FT LAUDERDALE, FL 33346 TITLE NAME STREET ADDRESS	TORS			U000000 02/16/04-8	951558 10056-013 150.00		
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TITLE NAME STRECT ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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 direct	NAME STREET ADDRESS CITY-ST-ZIP	ing does not qualify for the exe	mption stated in S	Section 119.07(3)(i).	Florida Statutes. I fur	or the certify that the informatic	э л — —	

owered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if with all other like empowered of the corporation of the receiver or trustee empowered changed, or on an attachment with an address, with all

SIGNATURE: _