

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041576

**FILED**  
**Apr 03, 2006**  
**Secretary of State**

**Entity Name:** WINNING EDGE CAPITAL, LLC

**Current Principal Place of Business:**

C/O G. ALEXANDER P.O. BOX 590  
PALM CITY, FL 349910590

**New Principal Place of Business:**

P.O. BOX 590  
PALM CITY, FL 349910590

**Current Mailing Address:**

C/O G. ALEXANDER P.O. BOX 590  
PALM CITY, FL 349910590

**New Mailing Address:**

P.O. BOX 590  
PALM CITY, FL 349910590

**FEI Number:** 20-1190521

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALEXANDER, GARY D  
263 S.W. HATTERAS COURT  
PALM CITY, FL 34990 US

**Name and Address of New Registered Agent:**

ALEXANDER, GARY D  
4285 SW MARTIN HIGHWAY  
PALM CITY, FL 34990 US

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:** GARY D. ALEXANDER

04/03/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** ALEXANDER, GARY D  
**Address:** P. O. BOX 590  
**City-St-Zip:** PALM CITY, FL 349910590

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** GARY D. ALEXANDER

P

04/03/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date