## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L31796

Entity Name: THE WINDSONG COMPANY

FILED Mar 09, 2009 Secretary of State

Littly Nai	ille. The val	NDSONC	COMPANT					
Current Principal Place of Business:				New Princ	New Principal Place of Business:			
	CENTER OLAS BLVD : ERDALE, FL		US					
Current Mailing Address:				New Mailii	New Mailing Address:			
	CTR OLAS BLVD : ERDALE, FL		US					
FEI Number:	: 65-0203760	FEI Nu	ımber Applied For ( )	FEI Number Not Appli	icable ( )	Certificate of Status Desi	red()	
Name and	Address of	Current	Registered Agent:	Name and	Address of I	New Registered Agent	:	
	DAVID W OLAS BLVD : ERDALE, FL :		US					
	named entity of Florida	submits	this statement for the	purpose of changing it	ts registered o	office or registered agen	t, or both,	
SIGNATUR	RE:							
	Electro	nic Signa	ature of Registered A	gent		Date		
Election Car	npaign Financii	ng Trust F	und Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP ( HORVITZ, DA' 401 E. LAS C FORT LAUDE	LAS BLVD		Title: Name: Address: City-St-Zip:	(	) Change()Addition		
Title: Name: Address: City-St-Zip:	V ( BURTON, MEI 401 E. LAS C FORT LAUDE	LAS BLVD		Title: Name: Address: City-St-Zip:	BANNON, TIMO 401 E. LAS OI	() Change ( ) Addition DTHY E LAS BLVD. #2200 RDALE, FL 33301		
Title: Name: Address: City-St-Zip:	DVS ( ROTH, LINDA 401 E. LAS C FORT LAUDE	LAS BLVD		Title: Name: Address: City-St-Zip:	(	) Change()Addition		
Title: Name:	AS ( BAKER, VIRG	) Delete iNIA J		Title: Name:	(	) Change ()Addition		

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.

Address:

City-St-Zip:

SIGNATURE: DAVID W HORVITZ PRES 03/09/2009

401 E. LAS OLAS BLVD. #2200

FORT LAUDERDALE, FL 33301

Address:

City-St-Zip: