2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED ANNUAL REPORT Jan 12, 2006 08:00 AM DOCUMENT # L32547 **Secretary of State** 1. Entity Name WINDWARD COMMUNICATIONS, INC. Principal Place of Business Mailing Address 18820 US 19 N P.O.BOX 5177 US LARGO, FL 33779 240 CLEARWATER, FL 33764 No Chg-P CR2E034 (11/05) 01102006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2983728 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VANBEUNING, WILLIAM S. DO NOT WRITE 18820 US 19 N #240 CLEARWATER, FL 33764 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE VANBEUNING, ANDRIA M. NAME U00000385056 STREET ADDRESS 18820 US 19 N #240 01/18/06-80001-011 158.75 CITY-ST-ZIP CLEARWATER, FL 33764 DILE NAME VANBEUNING, WILLIAM S. STREET ADDRESS 18820 US 19 N #240 CITY-ST-ZIP CLEARWATER, FL 33764 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MANURE AND TYPED OR PRINTED HARRY OF SIGNING OFFICER OR DIRECTOR

12/30/05 727-559-0