


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 25, 2005 8:00 A.M.
Secretary of State**

DOCUMENT # L44136			
1. Entity Name KINWIN INC.			
Principal Place of Business 820 BROAD ST., STE. 400 MARKET CENTER CHATTANOOGAE, TN 37402		Mailing Address 820 BROAD ST., STE. 400 MARKET CENTER CHATTANOOGAE, TN 37402	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, JOEL W JR 700 TALLEN BLDG. CHATTANOOGA, TN 37402 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director and President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 820 Broad Street, Suite 400 Chattanooga, TN 37402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KING, ROBERT F. 5245 OLD KINGS ROAD, N. JACKSONVILLE, FL 32254 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2811 Spanish Cove Trail Jacksonville, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS SAPP, RONALD E 5245 OLD KINGS ROAD, N. JACKSONVILLE, FL 32254 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD O'CONNELL, JOHN P 5245 OLD KINGS RD. JACKSONVILLE, FL 32254 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900049889959 04/05/05--01023--023 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAT KIRKLAND, KEVIN R 5245 OLD KINGS RD JACKSONVILLE, FL 32254 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Hugh F. Sharber 1000 Volunteer Building, 832 Georgia Ave Chattanooga, TN 37402
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Hugh F. Sharber</i>		Hugh F. Sharber Secretary March 2, 2005 423-785-8212	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	