


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90261 038 ***150.00

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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 62-1417716			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PD RICHARDSON, JOEL W JR 820 BROAD STREET, SUITE 400 CHATTANOOGA, TN 37402	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer (T)
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KING, ROBERT F. 2811 SPANISH COVE TRAIL JACKSONVILLE, FL 32254	<input 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	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
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	S SHARBER, HUGH F 1000 VOLUNTEER BLDG, 832 GEORGIA AVE CHATTANOOGA, TN 37402	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Hugh F. Sharber</i>		Hugh F. Sharber Secretary		02/24/2006 423.785.8212	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

ATTACHMENT

MILLER
& MARTIN
PLLC

ATTORNEYS AT LAW

40039737
244136

SUITE 1000 VOLUNTEER BUILDING
832 GEORGIA AVENUE
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Krystal White Johnson
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kjohnson@millermartin.com

March 23, 2006

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

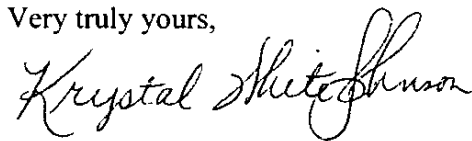
RE: Kinwin, Inc.

Dear Sir or Madam:

Enclosed for filing on behalf of the above-referenced entity is the 2006 For Profit Corporation Annual Report along with a check in the amount of \$150.00 for the required filing fee.

I have also enclosed a franked envelope for your convenience in returning evidence of filing. If you have any questions or need additional information, please do not hesitate to contact me.

Very truly yours,



Krystal White Johnson
Paralegal

Enclosures