

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 06, 2006**  
**Secretary of State**

DOCUMENT# N01000001802

Entity Name: WINDS OF REVIVAL, INC.

**Current Principal Place of Business:**

235 LAKEVIEW DR., #203  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 268583  
WESTON, FL 33326

**New Mailing Address:**

FEI Number: 65-1156553      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

CANETE, MIGUEL A  
235 LAKEVIEW DR., #203  
WESTON, FL 33326      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/D ( ) Delete  
Name: CANETE, MIGUEL A  
Address: 235 LAKEVIEW DR. #203  
City-St-Zip: WESTON, FL 33326 US

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

Title: S/D ( ) Delete  
Name: CANETE, HAIDY J  
Address: 235 LAKEVIEW DR. #203  
City-St-Zip: WESTON, FL 33326 US

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

Title: T/D ( ) Delete  
Name: MATA, AURA  
Address: 2101 NW 101 TERR.  
City-St-Zip: PEMBROKE PINES, FL 33026 US

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIGUEL A. CANETE

P/D

09/06/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date