## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000006933

Entity Name: WINDS OF FIRE, INC.

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5243 LIDO STREET 5614 LA MOYA AVE.

ORLANDO, FL 32807 JACKSONVILLE, FL 32210

Current Mailing Address: New Mailing Address:

P.O. BOX 574992 P.O. BOX 351167

ORLANDO, FL 32857 JACKSONVILLE, FL 32235

FEI Number: 20-3154470 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SULLIVENT, VIRGINIA
5243 LIDO STREET

KILLINGSWORTH, VIRGINIA
5614 LA MOYA AVE.

ORLANDO, FL 32807 US JACKSONVILLE, FL 32210 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: VIRGINIA SULLIVENT KILLINGSWORTH 03/20/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:DP () DeleteTitle:DP (X) Change () AdditionName:SULLIVENT, VIRGINIAName:KILLINGSWORTH, VIRGINIAAddress:5243 LIDO STREETAddress:5614 LA MOYA AVE.City-St-Zip:ORLANDO, FL 32807City-St-Zip:JACKSONVILLE, FL 32210

Title: D () Delete Title: D (X) Change () Addition

 Name:
 BRALAND, BRAD
 Name:
 BRALAND, BRAD

 Address:
 7918 ROSE AVE
 Address:
 223 S BOYD STREET

 City-St-Zip:
 ORLANDO, FL 32810
 City-St-Zip:
 WINTER GARDEN, FL 34787

Title: DS ( ) Delete Title: DS (X) Change ( ) Addition

 Name:
 BRALAND, BRIDGETT
 Name:
 BRALAND, BRIDGETT

 Address:
 7918 ROSE AVE
 Address:
 223 S BOYD STREET

 City-St-Zip:
 ORLANDO, FL 32810
 City-St-Zip:
 WINTER GARDEN, FL 34787

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: PALMER, KARIN Name: CHANAUD, DAVID

 Name:
 PALMER, KARIN
 Name:
 CHANAUD, DAVID

 Address:
 300 LOG RUN CT
 Address:
 837 TUCKER AVE

 City-St-Zip:
 OCOEE, FL 34761
 City-St-Zip:
 ORLANDO, FL 32807

Title: DV ( ) Delete Title: DV (X) Change ( ) Addition

Name: JOBE, MARK Name: JOBE, MARK

 Address:
 8700 HOLMES, APARTMENT 305
 Address:
 10563 EAST 46TH TERRACE

 City-St-Zip:
 KANSAS CITY, MO 64133
 City-St-Zip:
 KANSAS CITY, MO 64133

Title: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 JOBE, BRENDA
 Name:
 JOBE, BRENDA

 Address:
 8700 HOLMES, APARTMENT 305
 Address:
 10563 EAST 46TH TERRACE

 City-St-Zip:
 KANSAS CITY, MO 64133
 City-St-Zip:
 KANSAS CITY, MO 64133

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

SIGNATURE: VIRGINIA SULLIVENT KILLINGSWORTH DP 03/20/2009

Electronic Signature of Signing Officer or Director

Date