2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2010
Secretary of State

DOCUMENT# N05000006933

Entity Name: WINDS OF FIRE, INC.

Current Principal Place of Business:

5614 LA MOYA AVE.
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 351167
JACKSONVILLE, FL 32235

New Mailing Address:

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

Name and Address of Current Registered Agent:

KILLINGSWORTH, VIRGINIA
5614 LA MOYA AVE.
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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:

Title: DP
Name: KILLINGSWORTH, VIRGINIA
Address: 5614 LA MOYA AVE.
City-St-Zip: JACKSONVILLE, FL 32210

Title: D
Name: BRALAND, BRAD
Address: 223 S BOYD STREET
City-St-Zip: WINTER GARDEN, FL 34787

Title: DS
Name: BRALAND, BRIDGETT
Address: 223 S BOYD STREET
City-St-Zip: WINTER GARDEN, FL 34787

Title: D
Name: CHANAUD, DAVID
Address: 837 TUCKER AVE
City-St-Zip: ORLANDO, FL 32807

Title: DV
Name: JOBE, MARK
Address: 10563 EAST 46TH TERRACE
City-St-Zip: KANSAS CITY, MO 64133

Title: D
Name: JOBE, BRENDA
Address: 10563 EAST 46TH TERRACE
City-St-Zip: KANSAS CITY, MO 64133

I hereby 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 all other like empowered.

SIGNATURE: VIRGINIA SULLIVENT KILLINGSWORTH DP 04/16/2010

Electronic Signature of Signing Officer or Director — Date