
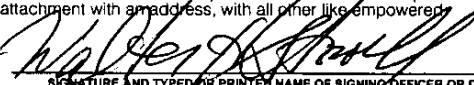


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90182 036 ****70.00

DOCUMENT # N12366 1. Entity Name THE TRADEWINDS OF VOLUSIA, INC.					
Principal Place of Business 5265 S. ATLANTIC AVENUE NEW SMYRNA BEACH, FL 32169			Mailing Address 5265 S. ATLANTIC AVENUE NEW SMYRNA BEACH, FL 32169		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-2616238				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STOWELL, WALTER 5255 S ATLANTIC, UNIT 1101 NEW SMYRNA BEACH, FL 32169			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>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D STOWELL, WALTER 5255 S. ATLANTIC, UNIT 1101 NEW SMYRNA BEACH, FL 32169 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FRANK BIANCA 5255 S. ATLANTIC AVE, UNIT 1002 NEW SMYRNA BEACH, FL 32169	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete FISHER, ROBERT 5255 S ATLANTIC, # 1402 NEW SMYRNA BCH, FL 32169		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TERRY ALLEN 901 E. PINE ST. #4 ORLANDO, FL 32801-3012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D <input type="checkbox"/> Delete BLACKWOOD, RON 5257 S. ATLANTIC, UNIT 408 NEW SMYRNA BEACH, FL 32169		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <input checked="" type="checkbox"/> Delete HARLESS, DOUG 5275 S ATLANTIC AVE, UNIT 505 NEW SMYRNA BEACH, FL 32169		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D <input type="checkbox"/> Delete ROSS, IAN 5275 S ATLANTIC AVE, UNIT 708 NEW SMYRNA BEACH, FL 32169		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	<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 617, 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: 			4/12/07 386 428 7127		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		