


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N42633 1. Entity Name MID-WINTER SEMINARS, INC.	
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Principal Place of Business 2516 PRINCETON CT WESTON, FL 33327-1501 US	Mailing Address 2516 PRINCETON CT WESTON, FL 33327-1501 US
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DO NOT WRITE IN THIS SPACE



03272005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0294219	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PRESS, MARTIN R. 500 E BROWARD BLVD SUITE 1130 FT LAUDERDALE, FL 33394
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORGANSTINE, MARC 2516 PRINCETON CT FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLITZ, JULIAN 19707 TURNBERRY WAY APT 12J AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RIZZO, MARILYN 1714 N. 40TH AVE HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U00000292265 04/07/05-80064-011 61.25</p> DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Marc Morganstine MARC MORGANSTINE 3/30/05 (855) 364-2107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #