2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005
Secretary of State

DOCUMENT# N93000001310

Entity Name: SOLAR WINDS, INC.

Current Principal Place of Business:

606 N.W. 32ND PLACE
GAINESVILLE, FL 32609 US

New Principal Place of Business:

Current Mailing Address:

606 N.W. 32ND PLACE
GAINESVILLE, FL 32609 US

New Mailing Address:

FEI Number: 59-3186211 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WYNN, SUZANNE M
606 N.W. 32ND PLACE
GAINESVILLE, FL 32609 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: PD ( ) Delete
Name: WYNN, SUZANNE M
Address: 606 NW 32ND PLACE
City-St-Zip: GAINESVILLE, FL 32609

Title: SD ( ) Delete
Name: BLACK, LYNN
Address: 25229 N E SR 26
City-St-Zip: MELROSE, FL 32666

Title: VTD ( ) Delete
Name: POLANSKY, BURT
Address: 1306 NE 12TH TERRACE
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition
Name: WYNN, WILLIAM
Address: 1313 BARRINGTON CIRCLE
City-St-Zip: ST. AUGUSTINE, FL 32092

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 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 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: SUZANNE M. WYNN PD 04/23/2005

Electronic Signature of Signing Officer or Director — Date