


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

1-13  
FILED *not State*

Jan 18, 2005 08:00 AM  
Secretary of State

DOCUMENT # N97000006538	
1. Entity Name TRADEWINDS FOUNDATION, INC.	

Principal Place of Business 8365 SENECA TURNPIKE NEW HARTFORD, NY 13413	Mailing Address 8365 SENECA TURNPIKE NEW HARTFORD, NY 13413
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01112005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0797138	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  FRASER, JEFF 1360 S OCEAN BLVD STUDIO 1501 POMPANO BEACH, FL 33062
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (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	01/19/05 80066-021 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABELOVE, DAVID 8365 SENECA TURNPIKE NEW HARTFORD, NY 13413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLARK, KATHERINE 8365 SENECA TURNPIKE NEW HARTFORD, NY 13413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EVANS, ROBERT 8365 SENECA TURNPIKE NEW HARTFORD, NY 13413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEHAN, LOUIS 1020 MARY STREET UTICA, NY 13501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRASER, JEFF 1360 S OCEAN BLVD STE 1501 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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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: <i>Robert A Evans</i> Robert A EVANS 1/18/05 315 733 2995	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>/s/ sec frcos</i> Date Daytime Phone #
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