2007 FOR PROFIT CORPORATION ANNUAL REPORT

	ANNUAL R	EPOKI			
DOCL	MENT # P0100000851	7	A THE SAME	FILED	
1. Entity Nam		•		N I	
WINNSB	ORO INVESTMENTS, INC.			2007 MAR 19 PM 3: 37	
Principal Plac	o of Rusings	ailing Address		SECRETARY OF STATE	
		· ·		TALLAHASSEE, FLORIDA	
20 COMMUN		20 Community Pl Morristown, NJ 07960		The state of the s	
MOMMOTOR	1,16 07300	mortado roma, no o roco			
DO NOT WRITE IN THIS SPACE				01092007 No Chg-P CR2E034 (11/05)	
			CE	4. FEI Number Applied i	For
				22-3781462 Not Appl	
				5. Certificate of Status Desired \$8.75 Additional	$\neg$
				5. Certificate of Status Desired Fee Required	
	6. Name and Address of Current Regis	tered Agent			.
OT CODD	ODATION OVOTELA				
	ORATION SYSTEM NE ISLAND RD			DO NOT WRITE	
	ION, FL 33324			IN THIS COACE	
	•			IN THIS SPACE	
				***	İ
	named entity submits this statement for the tions of registered agent.	ourpose of changing its registere	ed office or register	ered agent, or both, in the State of Florida. I am familiar with, and a	scept
ano obligai					1
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reins				ed when reinstating) DATE	-
	Signature, typed or printed harne or registered agent and one	II applicable. (NOTE: riegistere	a Agent signature requires	ed whether about y	——
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.		5.00 May Be Ided to Fees	
10.	OFFICERS AND DIRE	CTOPS	I		-
TITLE	PD OFFICERS AND BINE	CTORS	ł		
NAME	RICHARDS, PHILIP				
STREET ADDRESS	20 COMMUNITY PL				
CITY-ST-ZIP	MORRISTOWN, NJ 07960				Į
TITLE				200094864552	
NAMÉ				200094864552 03/27/0701033030 **4445.00	)
STREET ADDRESS					
CITY-ST-ZIP			•	• .	
TITLE					
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TITLE			1	IN THIS SPACE	
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TITLE				The second secon	
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NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with this	iling does not qualify for the exe	emptions contained	ed in Chapter 119, Florida Statutes. I further certify that the informa	tion
STREET ADDRESS CITY-ST-ZIP  12. I hereby a indicated	on this report or supplemental report is true	and accurate and that my signat	ure shall have the	ed in Chapter 119, Florida Statutes. I further certify that the informa e same legal effect as if made under oath; that I am an officer or dir. 07. Florida Statutes: and that my name appears in Block 10 or Block	ector
STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the cor	on this report or supplemental report is true	and accurate and that my signat d to execute this report as requi	ure shall have the	ed in Chapter 119, Florida Statutes. I further certify that the informate same legal effect as if made under oath; that I am an officer or directly of the control of the c	ector
STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the cor	on this report or supplemental report is true reporation or the receiver or trustee empowers or or an attachment with an address, with a	and accurate and that my signat d to execute this report as requi	ure shall have the	e same legal effect as if made under oath; that I am an officer or dire	ector

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