

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000029635

FILED
Apr 18, 2003
Secretary of State

Entity Name: TRUE WIND, INC.

Current Principal Place of Business:

C/O S.J. CONGELLO, CPA
P.O.BOX 112, 60 MARION AVE.
NORTH ADAMS, MA 012700112

New Principal Place of Business:

TRUE WIND, INC.
3936 STICK OAK LANE
PALM HARBOR, FL 34685 US

Current Mailing Address:

C/O S.J. CONGELLO, CPA
P.O.BOX 112, 60 MARION AVE.
NORTH ADAMS, MA 012700112

New Mailing Address:

FEI Number: 01-0668032 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLETTA, EUGENE P
35 OCEANVIEW DRIVE
OCEAN RIDGE, FL 33435 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARLETTA, EUGENE P
Address: 35 OCEANVIEW DRIVE
City-St-Zip: OCEAN RIDGE, FL 33435

Title: VD () Delete
Name: SPERRY, GERARD
Address: 43 FARINA ROAD
City-St-Zip: HULL, MA 02045

Title: TD () Delete
Name: CONGELLO, SALVATORE J
Address: P.O. BOX 112, 60 MARION AVENUE
City-St-Zip: NORTH ADAMS, MA 012700112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALVATORE J. CONGELLO

TD

04/18/2003

Electronic Signature of Signing Officer or Director

Date