.2005 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 16, 2005 08:00 AM DOCUMENT # P02000031645 **Secretary of State** LEEWARD HOLDINGS INC. Principal Place of Business Mailing Address 5255 NORTH FEDERAL HIGHWAY 5255 NORTH FEDERAL HIGHWAY SUITE 330 SUITE 330 BOCA RATON, FL 33487 BOCA RATON, FL 33487 01032005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 02-0570095 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent NRAI SERVICES, INC. DO NOT WRITE 526 EAST PARK AVENUE TALLAHASSEE, FL 32301 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE HOLDER, JIM NAME 5255 NORTH FEDERAL HIGHWAY #330 STREET ADDRESS U00000265405 CITY-ST-ZIP BOCA RATON, FL 33487 03/16/05-80056-014 158.75 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 607, 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:

IGNATURE AND TYPED OR PRINTED ARMS OF SIGNING OFFICER OF DIRECTOR

3/7/05 56/25/6060

FILED