

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000038003

FILED
Mar 23, 2009
Secretary of State

Entity Name: WYNDRUSH INCORPORATED

Current Principal Place of Business:

142 WINDRUSH PLACE
MELBOURNE BEACH, FL 32951

New Principal Place of Business:

Current Mailing Address:

3830 S HWY A1A
4-185
MELBOURNE BEACH, FL 32951

New Mailing Address:

FEI Number: 68-0500384 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELLON, ROBERT D
142 WINDRUSH PLACE
MELBOURNE BEACH, FL 32951 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: PST () Delete
Name: MELLON, ROBERT
Address: 142 WINDRUSH PLACE
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: V () Delete
Name: JASON, PATRICA
Address: 12906 INSHORE DR
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: MELLON, ROBERT D PRES
Address: 142 WINDRUSH PLACE
City-St-Zip: MELBOURNE BEACH, FL 32951

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROBERT D. MELLON

PST

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date