## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 18, 2007 08:00 AM **DOCUMENT # P02000055449 Secretary of State** WE'RE WINNERS, INC. Principal Place of Business Mailing Address 5111 GROVE MANOR 17860 SE 109TH AVENUE LADY LAKE, FL 32159 623 SUMMERFIELD, FL 34491 No Chg-P CR2E034 (11/05) 01132007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-3058596 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CULBRETH, NICHOLAS L. DO NOT WRITE 5111 GROVE MANOR LADY LAKE, FL 32159-352 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U00000591694 10. OFFICERS AND DIRECTORS TITE MANN, GLORIA S NAME STREET ADDRESS 5111 GROVE MANOR CITY-ST-ZIP LADY LAKE, FL 32159 TAILE CULBRETH, NICHOLAS L NAME STREET ADDRESS 5111 GROVE MANOR CITY-ST-ZIP LADY LAKE, FL. 32159 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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:

TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

1-15-2007

352.750-6766

**FILED** 

Daytime I