

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000059748

FILED
Mar 24, 2009
Secretary of State

Entity Name: WINDSTORM DISCOUNT INSPECTIONS, INC.

Current Principal Place of Business:

1390 S. DIXIE HWY
#1105
CORAL GABLES, FL 33146

New Principal Place of Business:

1390 S. DIXIE HWY
#1109
CORAL GABLES, FL 33146

Current Mailing Address:

1390 S. DIXIE HWY
#1105
CORAL GABLES, FL 33146

New Mailing Address:

1390 S. DIXIE HWY
#1109
CORAL GABLES, FL 33146

FEI Number: 04-3674663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACKLE, FRANK E
1200 CARTEGENA AVE
CORAL GABLES, FL 33156 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: D () Delete
Name: MACKLE, FRANK E
Address: 1200 CARTEGENA AVE
City-St-Zip: CORAL GABLES, FL 33156

Title: D () Delete
Name: PAIGE, JAMES H
Address: 5134 NW 94 DORAL PLACE
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: FRANK MACKLE

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date