

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

05 AUG -8 AM 11:17

08032005 Chg-P CR2E034 (10/03)



DOCUMENT # P03000007622			
1. Entity Name WINWARD INTERNATIONAL GROUP, INC.			
Principal Place of Business 913 GROVESMERE LOOP OCOE, FL 34761		Mailing Address 2582 S. MAGUIRE RD SUITE # 245 OCOE, FL 34761	
2. Principal Place of Business 10640 Moore Rd.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Gotha, FL		City & State	
Zip 34734		Country	
4. FEI Number 04-3735438		Applied For Not Applicable	
5. Certificate of Status Desired		8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIS, VERA P 913 GROVESMERE LOOP OCOE, FL 34761		7. Name and Address of New Registered Agent Name Vera P. Willis Street Address (P.O. Box Number is Not Acceptable) 10640 Moore Rd. City Gotha FL Zip Code 34734	
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		DATE	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES WILLIS, VERA P 913 GROVESMERE LOOP OCOE, FL 34761 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/V Curtis B. Willis 10640 Moore Rd. GOTHA, FL. 34734 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VERA P. Willis 10640 Moore Rd. GOTHA, FL. 34734 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500058534325 09/12/05--01050--009 **70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Curtis B. Willis		4 August 2005 321-239-8909	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	