

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000043405

Entity Name: WINNER'S LAND INC.

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

734 SW HOGAN STREET
PORT ST LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:
734 SW HOGAN STREET
PORT ST LUCIE, FL 34983

New Mailing Address:

FEI Number: 81-0608107 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAYER, CARMEN
734 SE HOGAN STREET
PORT ST LUCIE, FL 34983 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: P () Delete
Name: GRAVEL, DENIS
Address: 8 ISLANDIA LANE
City-St-Zip: PORT ST LUCIE, FL 34984

Title: VP () Delete
Name: BRISSON, JACQUES F
Address: 734 SW HOGAN STREET
City-St-Zip: PORT ST LUCIE, FL 34983

Title: S () Delete
Name: CAYER, CARMEN
Address: 734 SW HOGAN STREET
City-St-Zip: PORT ST LUCIE, FL 34983

Title: T () Delete
Name: VALLEE, FRANCOISE
Address: 8 ISLANDIA LANE
City-St-Zip: PORT ST LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 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: DENIS GRAVEL

P

04/28/2005

Electronic Signature of Signing Officer or Director

Date