

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000044567

FILED
Jul 05, 2006
Secretary of State

Entity Name: WINDSOR ENTERPRISES USA, INC.

Current Principal Place of Business:

851 W. STATE ROAD 436
SUITE 1059
ALTAMONTE SPRINGS, FL 327143043 US

New Principal Place of Business:

851 W STATE ROAD 436 STE 1059
ALTAMONTE SPRINGS, FL 327143043 US

Current Mailing Address:

851 W. STATE ROAD 436
SUITE 1059
ALTAMONTE SPRINGS, FL 327143043 US

New Mailing Address:

851 W STATE ROAD 436 STE 1059
ALTAMONTE SPRINGS, FL 327143043 US

FEI Number: 20-0056570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SULLIVAN, MARK
851 W STATE ROAD 926
STE. 1059
ALTAMONTE SPRINGS, FL 327143043 US

Name and Address of New Registered Agent:

SULLIVAN, MARK
851 W STATE ROAD 436 STE 1059
ALTAMONTE SPRINGS, FL 327143043 US

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: MARK SULLIVAN

07/05/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SULLIVAN, MARK
Address: 851 W. STATE ROAD 436, STE. 1059
City-St-Zip: ALTAMONTE SPRINGS, FL 327143043 US

Title: VP () Delete
Name: SULLIVAN, HILARY J
Address: 851 W. STATE ROAD 436, STE 1059
City-St-Zip: ALTAMONTE SPRINGS, FL 327143043 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SULLIVAN, MARK
Address: 851 W STATE ROAD 436 STE 1059
City-St-Zip: ALTAMONTE SPRINGS, FL 327143043 US

Title: VP (X) Change () Addition
Name: SULLIVAN, HILARY J
Address: 851 W STATE ROAD 436 STE 1059
City-St-Zip: ALTAMONTE SPRINGS, FL 327143043 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK SULLIVAN

P

07/05/2006

Electronic Signature of Signing Officer or Director

Date