


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90264 015 ***150.00

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| DOCUMENT # P03000085318 1. Entity Name WINSTON SINGH ENTERPRISES, INC. |  |
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| Principal Place of Business 2809 WALDEN POND COVE LONGWOOD, FL 32779 | Mailing Address 2809 WALDEN POND COVE LONGWOOD, FL 32779 |
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DO NOT WRITE IN THIS SPACE



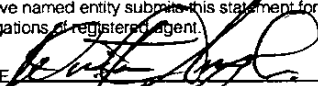
01252005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 05-0578226 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SINGH, WINSTON 2809 WALDEN POND COVE LONGWOOD, FL 32779 |
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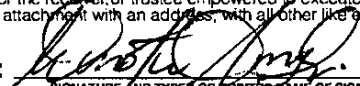
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WINSTON, SINGH 2809 WALDEN POND COVE LONGWOOD, FL 32779 |
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| 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 addressee, with all other like empowered. SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | 4-14-05 4079482711 Date Daytime Phone # |
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