## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000108198

FILED Apr 27, 2006 Secretary of State

Entity Name: WINDFALL VILLAS, INC. **Current Principal Place of Business: New Principal Place of Business:** 4850 NORTH MAPLEVIEW WAY 2653 N. LECANTO HWY BEVERLY HILLS, FL 34465 LECANTO, FL 34461 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 640036 BEVERLY HILLS, FL 34464 FEI Number: 68-0571968 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ENGELKEN, WALTER 4850 NORTH MAPLEVIEW WAY BEVERLY HILLS, FL 34465 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete Title: (X) Change ( ) Addition CURRIER, RANDY CURRIER, RANDY Name: 75 KENTWOOD PLACE 1650 W. SPRINGMEADOWS LOOP Address: CITRUS SPRINGS, FL 34434 City-St-Zip: LECANTO, FL 34461 Title: Title: (X) Change ( ) Addition () Delete Name: CURRIER, RODNEY JR. Name: ENGELKEN, WALTER R JR.

Title: Name: Address: City-St-Zip:

7336 COLUMBIA RD. 4850 NORTH MAPLEVIEW WAY Address: Address: ST. MATTHEWS, SC 29135 US BEVERLY HILLS, FL 34465 US City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition

ENGELKEN, WALTER R JR. Name: Name: 4850 NORTH MAPLEVIEW WAY Address: Address: City-St-Zip: BEVERLY HILLS, FL 34465 US City-St-Zip:

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.

VΡ SIGNATURE: WALTER ENGELKEN 04/27/2006