


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90291 040 \*\*\*150.00

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| <b>DOCUMENT # P03000152938</b><br>1. Entity Name<br><b>SECOND WIND INTERNATIONAL, INC.</b>  |   |   |  |    |  |
| Principal Place of Business<br><b>990 NORTH STATE ROAD 434<br/>SUITE 1168<br/>ALTAMONTE SPRINGS, FL 32714 US</b>  |   |   | Mailing Address<br><b>990 NORTH STATE ROAD 434<br/>SUITE 1168<br/>ALTAMONTE SPRINGS, FL 32714 US</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country  |   |   | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country                             |   |  |
| 03012004 Chg-P CR2E034 (10/03)  |   |   |  | 4. FEI Number <b>562424030</b> Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |   |  | 6. Name and Address of Current Registered Agent<br><b>MORRISON, DONALD G ESQ.<br/>1221 LEE ROAD<br/>SUITE 206<br/>ORLANDO, FL 32810</b>   |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code  |   |   |  | 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.<br>SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>HEMPHILL, FRANK W <input type="checkbox"/> Delete<br>812 CAROL COURT<br>TAVARES, FL 32778                            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>HEMPHILL, GERALDINE M <input type="checkbox"/> Delete<br>812 CAROL COURT<br>TAVARES, FL 32778                       |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>BROWN, MARY <input type="checkbox"/> Delete<br>644 W. WINTER PARK STREET<br>ORLANDO, FL 32804                       |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S/T<br>MINCEY, MARY-ANNA <input type="checkbox"/> Delete<br>4816 LAKE CARLTON DRIVE, P. O. BOX 712<br>TANGERINE, FL 32777 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>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. |   |   |  |   |  |
| <b>SIGNATURE:</b> <u>Mary Anna Mincey</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   |   | 4-23-04 <b>Cell (321) 624-5746</b><br><small>Date Daytime Phone #</small>                            |   |  |