


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000152938 1. Entity Name SECOND WIND INTERNATIONAL, INC.	
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Principal Place of Business 990 NORTH STATE ROAD 434 SUITE 1168 ALTAMONTE SPRINGS, FL 32714 US	Mailing Address 990 NORTH STATE ROAD 434 SUITE 1168 ALTAMONTE SPRINGS, FL 32714 US
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04282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2424030	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MORRISON, DONALD G ESQ. 1221 LEE ROAD SUITE 206 ORLANDO, FL 32810

DO NOT WRITE IN THIS SPACE

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 reinstalling) DATE

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEMPHILL, FRANK W 812 CAROL COURT TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HEMPHILL, GERALDINE M 812 CAROL COURT TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, MARY 644 W. WINTER PARK STREET ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T MINCEY, MARY-ANNA 4816 LAKE CARLTON DRIVE, P. O. BOX 712 TANGERINE, FL 32777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/05/05-80002-005 150.00

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.

SIGNATURE: 	X 4-29-05	X 321-206-3201
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>