


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90270 016 ***150.00

DOCUMENT # P03000152938	
1. Entity Name SECOND WIND INTERNATIONAL, INC.	

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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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent MORRISON, DONALD G ESQ. 1221 LEE ROAD SUITE 206 ORLANDO FL 32810	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: Murray Brown STREET ADDRESS: 644 W. Winter Park St. CITY-ST-ZIP: Orlando, FL 32804	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ 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 exemptions contained in Section 119, 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: 

4/28/06 321-206-3201
 Daytime Phone #