2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 24, 2008 08:00 Al Secretary of State DOCUMENT # P03000157925 WIN DOR SERVICE INC Principal Place of Business Mailing Address 1200 BLUFFS CIR 1200 BLUFFS CIR DUNEDIN, FL 34698 DUNEDIN, FL 34698 01172008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 61-1464470 Not Applicable canal half the \$8.75 Additional 5. Certificate of Status Desired ALASTA BALLANDA DA CARANTA 6. Name and Address of Current Registered Agent DO NOT WRITE RICHARDSON, JOHN E 1200 BLUFFS CIR DUNEDIN, FL 34698 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE RICHARDSON, JOHN E NAME STREET ADDRESS 1200 BLUFFS CIR 01/24/08-80032-010:150.00 CITY-ST-ZIP DUNEDIN, FL 34698 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-St-ZIP IN THIS SPACE TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-7/P

FILED

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE: JOHN NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayling Phone Day