2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000033336

Entity Name: WINDSOR CROSS CORP.

FILED Apr 22, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

711 FLEMING AVE 61 KANKAKEE TR

ORMOND BEACH, FL 32174 PALM COAST, FL 32164

Current Mailing Address: New Mailing Address:

P.O. BOX 731903 61 KANKAKEE TR

ORMOND BEACH, FL 32173 PALM COAST, FL 32164

FEI Number: 20-0753192 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CROSS, ROBERT R
711 FLEMING AVE.
CROSS, ROBERT R
61 KANKAKEE TRAIL

ORMOND BEACH, FL 32174 US PALM COAST, FL 32164 US

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: ROBERT R. CROSS 04/22/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 CROSS, ROBERT R
 Name:
 CROSS, ROBERT R

 Address:
 711 FLEMING AVE
 Address:
 61 KANKAKEE TRAIL

 City-St-Zip:
 ORMOND BEACH, FL 32174
 City-St-Zip:
 PALM COAST, FL 32164

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

 Name:
 CROSS, ROBERT R
 Name:
 CROSS, ROBERT R

 Address:
 711 FLEMING AVE
 Address:
 61 KANKAKEE TRAIL

 City-St-Zip:
 ORMOND BEACH, FL 32174
 City-St-Zip:
 PALM COAST, FL 32164

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

 Name:
 CROSS, ROBERT R
 Name:
 CROSS, ROBERT R

 Address:
 711 FLEMING AVE
 Address:
 61 KANKAKEE TRAIL

 City-St-Zip:
 ORMOND BEACH, FL 32174
 City-St-Zip:
 PALM COAST, FL 32164

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

 Name:
 CROSS, ROBERT R
 Name:
 CROSS, ROBERT R

 Address:
 711 FLEMING AVE
 Address:
 61 KANKAKEE TRAIL

 City-St-Zip:
 ORMOND BEACH, FL 32174
 City-St-Zip:
 PALM COAST, FL 32164

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: ROBERT R. CROSS P 04/22/2008