

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000055250

Entity Name: WIND DANCER CYCLES, INC.

FILED
Mar 28, 2006
Secretary of State

Current Principal Place of Business:

17090 N HWY 301
CITRA, FL 32113

New Principal Place of Business:

Current Mailing Address:

17090 N HWY 301
CITRA, FL 32113

New Mailing Address:

FEI Number: 16-1696440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

TAX PLUS SERVICES, INC
915 DENSMORE DRIVE
WINTER PARK, FL 32792 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: ALICE F MAHNKE

03/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MAHNKE, ALICE F
Address: 915 DENSMORE DR
City-St-Zip: WINTER PARK, FL 32792

Title: V () Delete
Name: KELLER, MARK
Address: 17090 N HWY 301
City-St-Zip: CITRA, FL 32113

Title: S () Delete
Name: KELLER, MARK P
Address: 17090 N HWY 301
City-St-Zip: CITRA, FL 32113

Title: T () Delete
Name: MAHNKE, ALICE F
Address: 915 DENSMORE DR
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALICE F MAHNKE

PD

03/28/2006

Electronic Signature of Signing Officer or Director

Date