2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2008 8:00 am Secretary of State

Country	ANNUAL REPORT						Secretary of State			
1. Entity Name WINSTEAD ELECTRIC INC. Principal Place of Business	DOCUMENT # P04000093264									
Principal Place of Business	1. Entity Name									
2. Principal Place of Business - No P.O. Dox # 3. Malling Address Sulle, Apr. #, etc.	WINSTEAD ELECTRIC INC.									
21320 128TH PL LIVE OAK, FL 32060	Principal Plac	e of Business	Mailing Address							
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Name and Address of New Registered Agent 1. Name and Address of New Registered Agent 1. Name 1. Na	Zip	Country	Zip	Cou	intry	5. Certificate	of Status Desired		Additional	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		6. Name and Address of Curren	t Registered Agent	ll		7. Name and	Address of New F			
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. 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 familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent, or both, in the State of Florida. I am familier with, and accept the registered of the obligations of registered of the obligations of registered of the obligations of registered of the registered of the obligations of registered of the registered of the	WINDTEAD INVENA				Name			~		
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12. I hereby 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.

SIGNATURE:

James R. Mustrad Ja SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

James Arvinstead

3-21-08

386-658-1098