
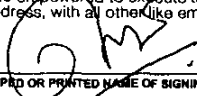


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90074 024 ***150.00

DOCUMENT # P04000148978 1. Entity Name GET WIN INC.			
Principal Place of Business 1500 SW 116TH AVE. EPMBROKE PINES, FL 33025		Mailing Address 1500 SW 116TH AVE. EPMBROKE PINES, FL 33025	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. 1500 SW 116th Ave		Suite, Apt. #, etc. 1500 SW 116th Ave	
City & State Pembroke Pines, FL		City & State Pembroke Pines, FL	
Zip 33025 Country U.S.A		Zip 33025 Country U.S.A	
4. FEI Number 20-1808751		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WIN, KYAW ZAW 50 BERKELEY ST - APT # B225 SATELLITE BEACH, FL 32937		7. Name and Address of New Registered Agent Name WIN, KYAW ZAW Street Address (P.O. Box Number is Not Acceptable) (Address change only) 1500 SW 116th Ave City Pembroke Pines FL Zip Code 33025	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WIN, KYAW ZAW 50 BERKELEY ST - APT # B225 SATELLITE BEACH, FL 32937	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WIN, KYAW ZAW 1500 SW 116th Ave Pembroke Pines, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WIN, MEE MEE 50 BERKELEY ST - APT # B225 SATELLITE BEACH, FL 32937	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WIN, MEE MEE 1500 SW 116th Ave Pembroke Pines, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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:  KYAW. Z. WIN, President 02/07/07 (954) 704-4938			