

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 08, 2005 8:00 am**  
**Secretary of State**

08-08-2005 90047 042 \*\*\*158.75

|   |                                 |  |  |
|---|---------------------------------|--|--|
| <b>DOCUMENT # P04000158164</b><br>1. Entity Name<br>TRADEWINDS ALLIANCE GROUP, INC.   |                                 |  |  |
| Principal Place of Business<br>2525 TARPON ROAD<br>NAPLES, FL 34102   |                                 | Mailing Address<br>2525 TARPON ROAD<br>NAPLES, FL 34102  |  |
| 2. Principal Place of Business<br><i>8365 Seneca Turnpike</i>   |                                 | 3. Mailing Address<br><i>8365 Seneca Turnpike</i>  |  |
| Suite, Apt. #, etc.<br>   |                                 | Suite, Apt. #, etc.<br>  |  |
| City & State<br><i>New Hartford N.Y.</i>  |                                 | City & State<br><i>New Hartford NY</i>   |  |
| Zip<br><i>13413</i>   |                                 | Zip<br><i>13413</i>  |  |
| Country<br><i>Oneida</i>  |                                 | Country<br><i>Oneida</i>   |  |
| 6. Name and Address of Current Registered Agent<br><br>R & A AGENTS, INC.<br>C/O WILLIAM R. O'NEIL<br>850 PARK SHORE DRIVE, THIRD FLOOR<br>NAPLES, FL 34103-3587  |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code   |  |
| 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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)<br>Signature, typed or printed name of registered agent and title if applicable. DATE   |                                 |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 7, 2005</b>   |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees<br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><i>PRESIDENT</i><br><i>DAVID ABELOVE</i><br><i>2525 TARPON ROAD</i><br><i>NAPLES FL 34102</i>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><i>V.P. - DIRECTOR</i><br><i>ROCCO BOUSE</i><br><i>103 KIRKLAND AVE</i><br><i>CLINTON NY 13323</i>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><i>V.P. - DIRECTOR</i><br><i>JEFFREY FRASER</i><br><i>1340 S. OCEAN BLVD APT. 1501</i><br><i>POMPADOUR BEACH FL 33062</i>  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><i>DIRECTOR</i><br><i>KATHERINE I CLARK</i><br><i>14 Benton Circle</i><br><i>Utica NY 13501</i>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(i), 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. |                                 |  |  |
| <b>SIGNATURE:</b> <i>Katherine I Clark</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                 | Date <i>7/28/05</i> Daytime Phone # <i>315 797-2600</i>  |  |

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