2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000000599

Address:

City-St-Zip:

1372 WINDSOR DRIVE

CLEARWATER, FL 337651335 US

Entity Name: WINPRO SERVICES, INC.

FILED Apr 06, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1372 WINDSOR DRIVE CLEARWATER, FL 337561335 US **Current Mailing Address: New Mailing Address:** 1372 WINDSOR DRIVE CLEARWATER, FL 337561335 US FEI Number: 20-2087469 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: SMURTHWAITE, ROBERT J 1372 WINDSOR DRIVE CLEARWATER, FL 337561335 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SMURTHWAITE, ROBERT J Name: Name: 1372 WINDSOR DRIVE Address: Address: City-St-Zip: CLEARWATER, FL 337561335 US City-St-Zip: () Delete Title: Title: () Change () Addition Name: SMURTHWAITE, MARCY L Name: 1372 WINDSOR DRIVE Address: Address: CLEARWATER, FL 337651335 US City-St-Zip: City-St-Zip: Title: Title: TRFA () Delete () Change () Addition SMURTHWAITE, ROBERT J Name: Name: 1372 WINDSOR DRIVE Address: Address: City-St-Zip: CLEARWATER, FL 337651335 US City-St-Zip: Title: SECR () Delete Title: () Change () Addition SMURTHWAITE, ROBERT J Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: ROBERT J. SMURTHWAITE P 04/06/2006