

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000166246

FILED
May 08, 2007
Secretary of State

Entity Name: WINDHAVEN INSURANCE COMPANY

Current Principal Place of Business:

7205 CORPORATE CENTER DR STE 200
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

7205 CORPORATE CENTER DR STE 200
MIAMI, FL 33126

New Mailing Address:

FEI Number: 20-4003938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER, STATE OF FLORIDA
DIVISION OF LEGAL SERVICE OF PROCESS SECTI
ON, 200 E GAINES ST
TALLAHASSEE, FL 32314 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: WHITED, JIMMY E
Address: 3048 SHIPPING
City-St-Zip: MIAMI, FL 33133

Title: VD () Delete
Name: MARTIN, DAVID JR.
Address: 1905 SMITH DR
City-St-Zip: PLANO, TX 75023

Title: CFO () Delete
Name: COCKS, JONATHAN
Address: 3205 WALKER DR
City-St-Zip: RICHADRSN, TX 75082

Title: TSD () Delete
Name: COCKS, JONATHAN
Address: 3205 WALKER DR
City-St-Zip: RICHADRSN, TX 75082

Title: D () Delete
Name: WOLLENBERG, SUSAN
Address: 14201 NIEMAN ST
City-St-Zip: OVERLAND PK, KS 66221

Title: D () Delete
Name: TUCKER, SPENCER
Address: 5021 BRIAR TREE
City-St-Zip: DALLAS, TX 75248

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:

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

Title: D (X) Change () Addition
Name: TURNER, BEN
Address: 9207 SPRINGWOOD DRIVE
City-St-Zip: AUSTIN, TX 78750

I hereby certify that the information supplied with this filing does not qualify 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: JONATHAN COCKS

CFO

05/08/2007

Electronic Signature of Signing Officer or Director

Date