

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000004813

FILED
Apr 10, 2008
Secretary of State

Entity Name: TRADEWINDS ENRICHMENT SOLUTIONS, INC.

Current Principal Place of Business:

158 S. RIVER ROAD
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

158 S. RIVER ROAD
STUART, FL 34996

New Mailing Address:

FEI Number: 20-4128112

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN FOSSEN, RICHARD R
158 S. RIVER ROAD
STUART, FL 34996 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: D () Delete
Name: VAN FOSSEN, RICHARD R P
Address: 158 S. RIVER ROAD
City-St-Zip: STUART, FL 34996

Title: D () Delete
Name: TOUGAS, PIERRE V
Address: 2680 SW NEWBERRY COURT
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: TOUGAS, LAURA T
Address: 7253 SE SEAGATE LANE
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: TOUGAS, MILINDA D S
Address: 2680 SW NEWBERRY COURT
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: VAN FOSSEN, MARIE L TR
Address: 158 S RIVER ROAD
City-St-Zip: STUART, FL 34996

Title: D () Delete
Name: TOUGAS, JEAN-PIERRE TR
Address: 7253 SE SEAGATE LANE
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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

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

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

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: RICHARD R VAN FOSSEN

P

04/10/2008

Electronic Signature of Signing Officer or Director

Date