

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000004813

FILED  
Feb 24, 2009  
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:

959 SE CENTRAL PKWY  
STUART, FL 34994

## 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:

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:

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

D

02/24/2009

Electronic Signature of Signing Officer or Director

Date