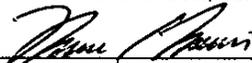


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2007 8:00 am
Secretary of State

08-08-2007 90068 026 ***150.00

DOCUMENT # P06000025317					
1. Entity Name WINDTRIPPER CORPORATION					
Principal Place of Business 1351 NORTH ARCTURAS AVENUE CLEARWATER, FL 33765			Mailing Address 1351 NORTH ARCTURAS AVENUE CLEARWATER, FL 33765		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07132007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 20-5068769	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOZMOSKI, JOHN JR. 9009 SEMINOLE BLVD. SUITE #1 SEMINOLE, FL 33772			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input type="checkbox"/> Delete	TITLE	DIRECTOR/PRESIDENT/TREASURER D/P/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	BRUCE A. KAISER		
STREET ADDRESS		STREET ADDRESS	1126 COMMODORE STREET		
CITY-ST-ZIP		CITY-ST-ZIP	CLEARWATER, FL 33757		
TITLE	<input type="checkbox"/> Delete	TITLE	DIRECTOR/VP D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	JAMES OLDHAM		
STREET ADDRESS		STREET ADDRESS	960 MC LAUGHLIN ROAD		
CITY-ST-ZIP		CITY-ST-ZIP	WOODSTOCK, VT 05091		
TITLE	<input type="checkbox"/> Delete	TITLE	DIRECTOR/SECRETARY D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	GINA R. KAISER		
STREET ADDRESS		STREET ADDRESS	1126 COMMODORE STREET		
CITY-ST-ZIP		CITY-ST-ZIP	CLEARWATER, FL 33755		
TITLE	<input type="checkbox"/> Delete	TITLE	DIRECTOR D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	MARK SHUBIN		
STREET ADDRESS		STREET ADDRESS	6077 BAHIA DEL MAR BOULEVARD		
CITY-ST-ZIP		CITY-ST-ZIP	ST. PETERSBURG, FL 33715		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE:  BRUCE A. KAISER		7/15/07		727-447-6800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	