
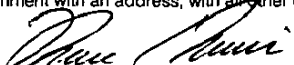


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90012 003 \*\*\*158.75

<b>DOCUMENT # P06000025317</b>					
1. Entity Name <b>WINDTRIPPER CORPORATION</b>					
Principal Place of Business <b>1351 NORTH ARCTURAS AVENUE CLEARWATER, FL 33765</b>			Mailing Address <b>1351 NORTH ARCTURAS AVENUE CLEARWATER, FL 33765</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>1780 BRAXTON BRAGG LANE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>CLEARWATER FL</b>			
Zip	Country	Zip	Country		
<b>33765</b>	<b>USA</b>	<b>33765</b>	<b>USA</b>		
6. Name and Address of Current Registered Agent <b>BOZMOSKI, JOHN JR. 9009 SEMINOLE BLVD. SUITE #1 SEMINOLE, FL 33772</b>			7. Name and Address of New Registered Agent		
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City			<b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPT	<input type="checkbox"/> Delete	TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAISER, BRUCE A		NAME	KAISER, BRUCE A.	
STREET ADDRESS	1126 COMMODORE STREET		STREET ADDRESS	1780 BRAXTON BRAGG LANE	
CITY-ST-ZIP	CLEARWATER, FL 33757		CITY-ST-ZIP	CLEARWATER, FL 33765	
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLDHAM, JAMES		NAME		
STREET ADDRESS	9606 LAUGHLIN ROAD		STREET ADDRESS		
CITY-ST-ZIP	WOODSTOCK, VT 05091		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAISER, GINA B		NAME	KAISER, GINA B.	
STREET ADDRESS	1126 COMMODORE STREET		STREET ADDRESS	1780 BRAXTON BRAGG LANE	
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP	CLEARWATER, FL 33765	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUBIN, MARK		NAME		
STREET ADDRESS	6077 BAHIA DEL MOM BLVD		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33715		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		
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, PRESIDENT		1/9/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
				727-460-5000	