

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000071712

Entity Name: WINKELDOFFERS, INC.

FILED  
Apr 19, 2007  
Secretary of State

## Current Principal Place of Business:

9008 MARLIN STREET  
CAPE CANAVERAL, FL 32920

## New Principal Place of Business:

## Current Mailing Address:

9008 MARLIN STREET  
CAPE CANAVERAL, FL 32920

## New Mailing Address:

P.O.BOX 346  
CAPE CANAVERAL, FL 32920

FEI Number: 20-5621714

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RONCALLO, GUIDO A  
495 N. TROPICAL TRAIL  
MERRITT ISLAND, FL 32953 US

## Name and Address of New Registered Agent:

RONCALLO, GUIDO A  
200 S. BANANA RIVER BLVD.  
2419  
COCOA BEACH, FL 32931 US

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:

04/19/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: RONCALLO, GUIDO A  
Address: 9008 MARLIN STREET  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D ( ) Delete  
Name: RONCALLO, ELIZABETH M  
Address: 9008 MARLIN STREET  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D ( ) Delete  
Name: BROWN, CHRISTOPHER  
Address: 9008 MARLIN STREET  
City-St-Zip: CAPE CANAVERAL, FL 32920

Title: D ( ) Delete  
Name: BROWN, MARY A  
Address: 9008 MARLIN STREET  
City-St-Zip: CAPE CANAVERAL, FL 32920

## 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:

I hereby certify that the information supplied with this filing does not qualify for the 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: GUIDO A. RONCALLO

D

04/19/2007

Electronic Signature of Signing Officer or Director

Date