


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT OF STATE

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90029 036 \*\*\*158.75

<b>DOCUMENT # P07000054196</b> 1. Entity Name NORTHEAST WIND SAILING PARTNERS, INC.					
Principal Place of Business. 18375 VENTURA BLVD. SUITE #611 TARZANA, CA 91356			Mailing Address 18375 VENTURA BLVD. SUITE #611 TARZANA, CA 91356		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State  Zip      Country			City & State  Zip      Country		
4. FEI Number <b>20-8991750</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Chg-P      CR2E034 (12/06) <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  MOORE & COMPANY SECRETARIES, INC. 355 ALHAMBRA CIRCLE SUITE #1100 MIAMI, FL 33134				7. Name and Address of New Registered Agent  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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>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 NAME STREET ADDRESS CITY-ST-ZIP	DIR HART, ROBERT 18375 VENTURA BLVD., SUITE #611 TARZANA, CA 91356 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR HART, CYNTHIA 18375 VENTURA BLVD., SUITE #611 TARZANA, CA 91356 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Robert E Hart</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/8/08      310-850-1724 <small>Date      Daytime Phone #</small>		

ROBERT E. HART