2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000069959

Entity Name: CROSSWINDS FINANCING GP, INC.

105 W. BEAVER CREEK,UNIT 9&10

RICHMOND HILL ONT.CAN.L4B1C6,

Address:

City-St-Zip:

FILED Mar 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 201 E. PINE ST., SUITE 500 ORLANDO, FL 32801 **Current Mailing Address: New Mailing Address:** 201 E. PINE ST., SUITE 500 ORLANDO, FL 32801 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRAY, N. DWAYNE JR 201 E. PINE ST., SUITE 500 ORLANDO, FL 32801 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSD () Delete () Change () Addition LUCCHESE, FABRIZIO Name: Name: 105 W. BEAVER CREEK, UNIT 9&10 Address: Address: City-St-Zip: RICHMOND HILL ONT.CAN.L4B1C6, City-St-Zip: () Delete Title: VTD Title: () Change () Addition MYERS, WILLIAM Name: 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: FABRIZIO LUCCHESE PRES 03/12/2009