

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000069959

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** CROSSWINDS FINANCING GP, INC.

**Current Principal Place of Business:**

315 E ROBINSON STREET, SUITE 600  
ATTN: N DWAYNE GRAY JR  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

315 E ROBINSON STREET, SUITE 600  
ATTN: N DWAYNE GRAY JR  
ORLANDO, FL 32801

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRAY, N DWAYNE JR ESQ  
315 E ROBINSON STREET  
SUITE 600  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: LUCCHESE, FABRIZIO  
Address: 105 WEST BEAVER CREEK, SUITE 9 & 10  
City-St-Zip: RICHMOND HILL, ONTARIO, XX L4B 1C6

Title: VTD  
Name: MYERS, WILLIAM  
Address: 105 WEST BEAVER CREEK, SUITE 9 & 10  
City-St-Zip: RICHMOND HILL, ONTARIO, XX L4B 1C6

I hereby 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 all other like empowered.

SIGNATURE: FABRIZIO LUCCHESE

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04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date