## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000084909

Entity Name: DOWNSTREAM HOLDINGS, INC.

FILED Feb 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5721 WHISPERING WILLOW WAY FORT MYERS, FL 33908 US

Current Mailing Address: New Mailing Address:

5721 WHISPERING WILLOW WAY FORT MYERS, FL 33908 US

FEI Number: 26-3450873 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CIMPRICH, CHERYL

5722 WHISPERING WILLOW WAY
FORT MYERS, FL 33908 US

WINCH, KEVIN

5721 WHISPERING WILLOW WAY
FORT MYERS, FL 33908 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: KEVIN WINCH 02/28/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: WINCH, KEVIN Name: WINCH, KEVIN

Address: 5722 WHISPERING WILLOW WAY Address: 5721 WHISPERING WILLOW WAY

City-St-Zip: FORT MYERS, FL 33908 US City-St-Zip: FORT MYERS, FL 33908 US

Title: V ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 CAMPBELL, SANDRA
 Name:

 Address:
 205 FRASHER WAY
 Address:

 City-St-Zip:
 ATLANTA, GA 30097 US
 City-St-Zip:

Title: ST () Delete Title: () Change () Addition

Name:CIMPRICH, CHERYLName:Address:2705 HARVEY AVENUEAddress:City-St-Zip:LOWER BURRELL, PA 15068 USCity-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: CHERYL CIMPRICH ST 02/28/2009