2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2011
Secretary of State

DOCUMENT# P10000023325

Entity Name: GULF WINDS ALLIANCE, INC.

Current Principal Place of Business:

1565 OAK DRIVE
GULF BREEZE, FL 32563 US

New Principal Place of Business:

Current Mailing Address:

3749 GULF BREEZE PKWY,
SUITE D, # 250
GULF BREEZE, FL 32563 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

ITURRALDE, MANUEL R JR.
1565 OAK DRIVE
GULF BREEZE, FL 32563 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: P
Name: ITURRALDE, MANUEL R JR
Address: 1565 OAK DRIVE
City-St-Zip: GULF BREEZE, FL 32563 US

Title: CO-T
Name: ITURRALDE, MANUEL R JR
Address: 1565 OAK DRIVE
City-St-Zip: GULF BREEZE, FL 32563 US

Title: DIR
Name: ITURRALDE, MANUEL R JR
Address: 1565 OAK DRIVE
City-St-Zip: GULF BREEZE, FL 32563 US

Title: VP
Name: ITURRALDE, DEBORAH L
Address: 1565 OAK DRIVE
City-St-Zip: GULF BREEZE, FL 32563 US

Title: CO-T
Name: ITURRALDE, DEBORAH L
Address: 1565 OAK DRIVE
City-St-Zip: GULF BREEZE, FL 32563 US

Title: DIR
Name: ITURRALDE, DEBORAH L
Address: 1565 OAK DRIVE
City-St-Zip: GULF BREEZE, FL 32563 US

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: MANUEL ITURRALDE DIR 03/25/2011

Electronic Signature of Signing Officer or Director Date