2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State
03-05-2007 90060 017 ***150.00

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1. Entity Name
WINDIGO INVESTMENTS, INC.

Principal Place of Business	Mailing Address
515 NORTH FLAGLER DR SUITE 300P WEST PALM BEACH, FL 33401	PO BOX 4297 WEST PALM BEACH, FL 33402

01102007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
223 Sunset Avenue	
Suite, Apt. #, etc.: Suite 230	Suite, Apt. #, etc.
City & State: Palm Beach, Fl	City & State
Zip: 33480 Country	Zip Country

4. FEI Number: 65-0436353 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ -$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHOPIN, L. FRANK 515 NORTH FLAGLER DR SUITE 300P WEST PALM BEACH, FL 33401	Name Street Address (P.O. Box Number is Not Acceptable): 223 Sunset Avenue Suite 230 City: Palm Beach FL Zip Code: 33480

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** 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	PSD CHOPIN, L. FRANK 515 NORTH FLAGLER DR SUITE 300P WEST PALM BEACH, FL 33401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 223 Sunset Avenue, Suite 230 Palm Beach, Fl 33480
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: L. F. Chopin 3/1/07 954-655-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #