


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90025 007 ***150.00

DOCUMENT # P93000057366

1. Entity Name
 WINDIGO INVESTMENTS, INC.



Principal Place of Business Mailing Address

223 SUNSET AVE. PO BOX 4297
 SUITE 230 WEST PALM BEACH, FL 33402
~~WEST PALM BEACH, FL 33401~~
Palm Beach, FL 33480

4004027



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0436353	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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6. Name and Address of Current Registered Agent

CHOPIN, L. FRANK
 223 SUNSET AVE.
 SUITE 230
~~WEST PALM BEACH, FL 33401~~
Palm Beach, FL 33480

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CHOPIN, L. FRANK 223 SUNSET AVE. STE. 230 WEST PALM BEACH, FL 33401 <i>Palm Beach, FL 33480</i>
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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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/08 561-655-9500
 Date Daytime Phone #