


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90061 050 \*\*\*158.75

<b>DOCUMENT # P93000064025</b> 1. Entity Name <b>WINNING WAYS INC.</b>					
Principal Place of Business <b>135 W. PINEVIEW ST. ALTAMONTE SPRINGS, FL 32714</b>			Mailing Address <b>P O BOX 160835 ALTAMONTE SPRINGS, FL 32716-0835</b>		
2. Principal Place of Business <b>407 CENTERPARK CIRCLE</b>		3. Mailing Address  			
Suite, Apt. #, etc. <b>1637</b>		Suite, Apt. #, etc.  			
City & State <b>ALTAMONTE SPRINGS FL</b>		City & State  			
Zip <b>32701</b>		Country  		Zip  	
Country  		Country  			
4. FEI Number <b>59-3237825</b>			Applied For Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent <b>MESTEL, BARRY L 591 CALIBRE CREST PKWY. #202 ALTAMONTE SPRINGS, FL 32714</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>407 CENTERPARK CIRCLE</b> <b>Suite 1637</b> City <b>ALTAMONTE SPRINGS</b> <b>FL</b> Zip Code <b>32701</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>P MESTEL, BARRY L 591 CALIBRE CREST PKWY. #202 ALTAMONTE SPRINGS, FL 327160835</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE: Barry L. Mestel</b> <b>Barry L. Mestel / PRESIDENT</b> <b>4/7/05</b> <b>407/339-9053</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					