


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000049838</b>	
<b>1. Entity Name</b> EAST WIND THERAPIES, INC.	

<b>Principal Place of Business</b> 1954 HOWELL BRANCH RD SUITE 112 WINTER PARK, FL 32792 US	<b>Mailing Address</b> 1954 HOWELL BRANCH RD SUITE 112 WINTER PARK, FL 32792 US
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03312005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 59-3256960	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  BOOHER, MICHAEL R 2901 E CRYSTAL LAKE AVE ORLANDO, FL 32806
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<b>DO NOT WRITE IN THIS SPACE</b>
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**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** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D WARE, KENNA L 454 N SUGAR MILL ROAD OVIEDO, FL 32765
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D CARAWAY, TOM 1656 ALGONQUIN ST MAITLAND, FL 32751
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D REGIER, HEIDI 203 E ESTHER ST ORLANDO, FL 32806
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D BOOHER, MICHAEL 2901 E CRYSTAL LAKE AVE ORLANDO, FL 32806
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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05/09/05-80008-001 150.00

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Kenna L. Ware **4/19/05** **407/677-9993**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #