


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000059892
 1. Entity Name
 WINNING EDGE PRODUCTS, INC.



Principal Place of Business Mailing Address
 6998 N.W. US HWY. 27 6998 N.W. US HWY. 27
 STE 112 STE 112
 OCALA, FL 34482 US OCALA, FL 34482 US



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-3259193 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MCNAMARA, EDWARD J III
 7660 NW 46TH PL
 OCALA, FL 34482

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

| | |
|-----------------|------------------------|
| TITLE | DP |
| NAME | MCNAMARA, EDWARD J III |
| STREET ADDRESS | 7660 NW 46TH PL |
| CITY - ST - ZIP | OCALA, FL 34482 |
| TITLE | DV |
| NAME | MCNAMARA, KATHERINE N. |
| STREET ADDRESS | 7660 NW 46TH PL |
| CITY - ST - ZIP | OCALA, FL 34482 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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 4430/04-80078-014 150.00

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11. 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.

SIGNATURE: E. J. Mcnamara III Date: 4/29/04 Daytime Phone #: 352-622-9000