2007 FOR PROFIT CORPORATION

May 15, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P96000013363** 05-15-2007 90007 024 ***150.00 1. Entity Name WINDSOR GROUP, INC. Principal Place of Business Mailing Address P.O. BOX 643717 7999 N. FEDERAL HWY SUITE 202 VERO BEACH, FL 32964 US BOCA RATON, FL 33487 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. CR2E034 (12/06) 01052007 Chg-P Applied For City & State 4. FEI Number 65-0647444 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUSTINE, DAVID A Street Address (P.O. Box Number is Not Acceptable 7999 N. FEDERAL HWY SULTE 202 BOCA RATON, FL 33487 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSD Delete TITLE TITLE NAME 1 RUSTINE, DAVID A NAME 7999 N. FEDERAL HWY # 202 STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33487 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP ☐ Delete TITLE ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 Bleck 11 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

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FILED