2006 FOR PROFIT CORPORATIONANNUAL REPORT (AR)

FILED. Apr 24, 2006 08:00 AN Secretary of State DOCUMENT # P96000053461 t. Entity Name WIN-NET COMMUNICATION, INC. Principal Place of Business Mailing Address 6272 RADFORD ST. 6272 RADFORD ST. SPRING HILL FL 34606 SPRING HILL FL 34606 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3394992 Not Applicable Zip Country Zm Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WINGROVE, CLARENCE W Street Address (P.O. Box Number is Not Acceptable) 215 EDERINGTON DR. **BROOKSVILLE FL 34601** City Zip Code 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 Signature typeri or printed name of registered agent and title if applicable (NOTE Registered Agent aignature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Change ☐ Addition WINGROVE, CHARLES O NAME NAME 1100000532260 STREET ADDRESS 6272 RADFORD ST. STREET ADORESS 115/06/06-80032-022 158.75 CHY-ST-ZIP SPRING HILL FL 34606 CITY-ST-ZIP TOLE ☐ Delete TITLE ☐ Change Addition MAME WINGROVE, ANNINETTE NAME STREET ADDRESS 6272 RADFORD ST. STREET ADDRESS CITY - ST- ZIP SPRING HILL FL 34606 CITY-ST-ZIP 🗆 ರಿಚಿಸು dict TITLE ☐ Change Addition NAME WINGROVE, CLARENCE W STREET ADDRESS STREET ADDRESS 215 EDERINGTON DR. CHY-ST-7IP CUTY-ST-ZIP BROOKSVILLE FL 34601 TITLE Delete Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition TITLE ☐ Change MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY -ST - ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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: WOULD WING OF PRINTED NAME OF SIGNING OFFICER OR DIRECTED

APRIL 20, 2006 (352) 683.0568