

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000057226

FILED
Apr 26, 2009
Secretary of State

Entity Name: WINFALL CORPORATION

Current Principal Place of Business:

P. O. BOX 1119
ALACHUA, FL 32616 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1119
ALACHUA, FL 32616 US

New Mailing Address:

FEI Number: 59-3382534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KHURANA, MICHELE
18107 NW COUNTY RD 239
ALACHUA, FL 32615 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KHURANA, MICHELE
Address: 18107 NW COUNTY RD 239
City-St-Zip: ALACHUA, FL 32615

Title: D () Delete
Name: KHURANA, NAVEEN
Address: 18107 NW COUNTY RD 239
City-St-Zip: ALACHUA, FL 32615

Title: D () Delete
Name: PALOMAR, NIMAI
Address: 18107 NW COUNTY RD 239
City-St-Zip: ALACHUA, FL 32615

Title: D (X) Delete
Name: KHURANA, NILACALA
Address: 18107 NW COUNTY RD 239
City-St-Zip: ALACHUA, FL 32615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KHURANA, NILACALA
Address: 18107 NW COUNTY RD 239
City-St-Zip: ALACHUA, FL 32615

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NAVEEN KHURANA

D

04/26/2009

Electronic Signature of Signing Officer or Director

_____ Date