2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000005592

Entity Name: FOUR WINDS INC.

FILED Mar 19, 2004 Secretary of State

Current Principal Place of Business: 1645 PARK AVE N WINTER PARK, FL 32789			New Principal Pla	New Principal Place of Business:	
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
1645 PARK AVE N WINTER PARK, FL 32789					
FEI Number: 59-3425353 FEI Number Applied For () FEI Nu			FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
The above	(AVE N ARK, FL 3278 named entitys		urpose of changing its registe	ered office or registered agent, or both,	
in the State	of Florida.				
SIGNATURE:					
	Electror	nic Signature of Registered Age	nt	Date	
Election Can	npaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () RHEA, BEATRI 1645 PARK AV WINTER PARK	EN	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () RHEA, JEAN E 1645 PARK AV WINTER PARK		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () RHEA, KENNET 1645 PARK AV WINTER PARK	EN	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete RHEA, ALEXANDER 1645 PARK AVE N WINTER PARK, FL 32789		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () DOMERGUE, C 1645 PARK AV WINTER PARK	EN	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BEATRICE DUPLANTIER RHEA PRES 03/19/2004