Windpar Place of Business       Maing Address         44 ScapeEZE BUD, STL 64       Stl 500 FL 2015 *         24 Product Reach, P10or1da       Stl 500 FL 2015 *         25 Non-back A double       Stl 500 FL 2015 *         26 Andread Beolus FL 2015 *       Stl 500 FL 2015 *         27 Or County       Stl 50 FL 2015 *         27 Or County       Stl 50 FL 2015 *         27 Or County       Stl 50 FL 2015 *         27 Or County       County         28 Or County       Stl 50 FL 2015 *         27 Or County       County         28 Or County       County         29 Or County       County         20 Or County       County         21 Or County       County         21 Or County       Stl 27 A address of Name of Ad	2000 UNIFORM BUS DOCUMENT # P97000 Entity Name ESSIEN & ASSOCIATES, P.A.			B)         FILED           Sep 13, 2000 8:00 am           Secretary of State           09-13-2000 90056 044 ***550.00
115       E. Cranada Boulevard       115       E. Cranada Boulevard       115       E. Cranada Boulevard       Do Not Write in this Space         Suite One       Suite One       Suite One       One Not is en Suite One       Do Not Write in this Space         Chy A Suite One       Ormond Beach, Plorida       Ormond Beach, Plorida       Plorida       Plorida         Course       Suite One       Ormond Beach, Plorida       Ormond Beach, Plorida       Plorida       Plorida         Course       Suite One       Ormond Beach, Plorida       Ormond Beach, Plorida       Plorida <th colspan="2">SEABREEZE BLVD STE. 641 444 SEABREEZE BLVD</th> <th>18<sup>4</sup> - #</th> <th></th>	SEABREEZE BLVD STE. 641 444 SEABREEZE BLVD		18 <sup>4</sup> - #	
City & State       A. FEI Number       Applied For         City & State       A. FEI Number       Sp-3450918       Applied For         City       201       Country       S. Carificate of Status Dasine       Sp-75 Additional         201       32176       USA       Status       Sp-75 Additional         201       S. Name and Address of Oursent Registered Apent       7. Name and Address of the Registered Apent       Fee Status         ESSEN, GODWIN J       Status       Status       Status       Status       Status         BSSEN, GODWIN J       Status	115 E. Granada Boulevard	115 E. Granada Boulevard		d
32176       USA       32176       USA       S. Definition of Database Johano Carlow Regulated Agent         6. Nume and Address of Durnet Registered Agent	City & State Ormond Beach, Florida	City & State Ormond Beach,	Florida	39'34'309 16 Not Applicable
ESSIEN, GODWIN J     444 SEABREEZE BLVD, STE. 641     DAYTONA BEACH FL 32118     Section 2 and 2	32176 USA	32176	-	5. Certificate of Status Desired
Comparison Beach:	444 SEABREEZE BLVD., STE. 641	<del></del>	Essie Street Au F	en; Godwin J. Address (P.O. Box Number is Not Acceptable) E. Granada_Blvd, Suite One
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)       FILE NOW !!! FEE IS \$55.0.0 After SEPTEMBER 13, 2000 Min. will be \$75.0.0 Make Check Payable to Department of State Department of State	SIGNATURE G. K	Godi	s registered office or	The Beach Estimation of both, in the State of Florida.
The model       Delete       The model       The model       The model       Statutes       Addition         WWE       ESSIEN, GODWIN J       Statutes       International and the statutes       Internaternational and the statutes <t< th=""><th><ol> <li>This corporation is eligible to satisfy its Intang Tax filing requirement and elects to do so.</li> </ol></th><th>ible FILE NOW After SEPTEMBER</th><th>13, 2000 Min. will</th><th>I be \$750.00 Trust Fund Contribution.</th></t<>	<ol> <li>This corporation is eligible to satisfy its Intang Tax filing requirement and elects to do so.</li> </ol>	ible FILE NOW After SEPTEMBER	13, 2000 Min. will	I be \$750.00 Trust Fund Contribution.
TILE       Internation       Delete       TILE       Internation       Change       Addition         STREET ADDRESS       STREET ADDRESS       STREET ADDRESS       Internation       Change       Addition         STREET ADDRESS       STREET ADDRESS       STREET ADDRESS       Internation       Internation       Addition         STREET ADDRESS       STREET ADDRESS       STREET ADDRESS       Internation       Internation       Addition         STREET ADDRESS       STREET ADDRESS       Internation       Internation       Addition         STREET ADDRESS       STREET ADDRESS       Internation       Addition         STREET ADDRESS       Internation       Internation       Addition         STREET ADDRESS       Internation       Internation       Addition         STREET ADDRESS       Internation       Internation       Internation       Internation         STREET ADDRESS       Internation       Internation       Internation       Internation       Internation         STREET ADDRESS       Internation       Internation       Internation       Internation       Internation         STREET ADDRESS       Internation       Internation       Internation       Internation       Internation         STREET ADDRESS <t< td=""><td>ITLE D ESSIEN, GODWIN J STREET ADDRESS 444 SEABREEZE BLVD., STE</td><td>Delete</td><td>TITLE NAME STREET ADDRESS</td><td>X Change □ Addition Essien, Godwin J. 115 E. Granada Blvd, Suite One</td></t<>	ITLE D ESSIEN, GODWIN J STREET ADDRESS 444 SEABREEZE BLVD., STE	Delete	TITLE NAME STREET ADDRESS	X Change □ Addition Essien, Godwin J. 115 E. Granada Blvd, Suite One
ITTLE       ITTLE       ITTLE       ITTLE       ITTLE       Addition         ITTLE       Ittle <t< td=""><td>ITLE</td><td>Delete</td><td>NAME STREET ADDRESS</td><td>Change Addition</td></t<>	ITLE	Delete	NAME STREET ADDRESS	Change Addition
International provided in 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 inficer or director as required by Chapter 607, Florida Statutes: and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other Take empowered.	ITLE	C. Delete	- TITLE - NAME STREET ADDRESS	
Inite       Inite       Inite         VAME       NAME         STREET ADDRESS       STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP         ITTLE       Delete         ITTLE       Delete         STREET ADDRESS       CITY-ST-ZIP         ITTLE       Delete         ITTLE       Intervention         STREET ADDRESS       CITY-ST-ZIP         I3. 1 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 11 or Block 12 if changed, or on an attachment with an address, with all other true empowered.	KAME STREET ADDRESS	Delete	NAME STREET ADDRESS	
Internet       Name         NAME       STREET ADDRESS         CitY-ST-ZiP       STREET ADDRESS         13. 1 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 11 or Block 12 if changed, or on an attachment with an address, with all other the empowered.	VAME STREET ADDRESS	Delete	NAME STREET AOORESS	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oard, that if an an once to 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 11 or Block 12 if changed, or on an attachment with an address, with all other true empowered.	iame Street Address XTY-ST-Zip		NAME STREET ADDRESS CITY-ST-ZIP	
	indicated on this report or supplemental report of the corporation of the receiver or trustee e	ort is true and accurate and that moowered to execute this renor	rny signature shall n rt as required by Cha	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director hapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if