

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000070694

FILED
Apr 20, 2005
Secretary of State

Entity Name: TRADEWINDS VENTURES, INC.

Current Principal Place of Business:

17 ARNOLD PLACE
NEW BEDFORD, MA 02740

New Principal Place of Business:

Current Mailing Address:

17 ARNOLD PLACE
NEW BEDFORD, MA 02740

New Mailing Address:

FEI Number: 65-0774439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CZAPLICKI, EDWARD
525 SIMONTON STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

PARKER, GARY
13 BOULDER DR
KEY WEST, FL 33040 US

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: GARY PARKER

04/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MATSUMOTO, CAROLEE S
Address: 17 ARNOLD PLACE
City-St-Zip: NEW BEDFORD, MA 02740

Title: D () Delete
Name: GILBERTSON, DAVID L
Address: 17 ARNOLD PLACE
City-St-Zip: NEW BEDFORD, MA 02740

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DAVID GILBERTSON

D

04/20/2005

Electronic Signature of Signing Officer or Director

Date