

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2007 8:00 am
Secretary of State

05-31-2007 90001 047 ***558.75



DOCUMENT # P97000070870

1. Entity Name
3 SIGMA RESEARCH, INC.

Principal Place of Business
**503 S RIVER OAKS DR
INDIALANTIC, FL 32903**

Mailing Address
**503 S RIVER OAKS DR
INDIALANTIC, FL 32903**

2. Principal Place of Business - No P.O. Box #

134 FIFTH AVE.

Suite, Apt. #, etc.

SUITE 208

City & State

INDIALANTIC FLA.

Zip

32903

Country

BREVARD

3. Mailing Address

503 S. RIVER OAKS DR.

Suite, Apt. #, etc.

City & State

INDIALANTIC FL

Zip

32903

Country

BREVARD



05132007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3465084

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WINBURN, MICHAEL L
503 S RIVER OAKS DR
INDIALANTIC, FL 32903**

7. Name and Address of New Registered Agent

Name
James M. O'Brien

Street Address (P.O. Box Number is Not Acceptable)
1686 W. Hibiscus Blvd

City
Melbourne

FL

Zip Code
32901

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/18/07

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WINBURN, MICHAEL
503 S RIVER OAKS DR
INDIALANTIC, FL 32903** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
WINBURN, LINDA
503 S RIVER OAKS DR
INDIALANTIC, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Michael L. Winburn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

5-18-07 321.674.9267