

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000090642

FILED
Jan 09, 2006
Secretary of State

Entity Name: FAIRWINDS TECHNICAL SERVICES, INC.

Current Principal Place of Business:

256 RIBERIA ST
2ND FLOOR
SAINT AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9008
ST AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: 59-3477465

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLTART, GARY R
256 RIBERIA ST
SAINT AUGUSTINE, FL 32084 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: COLTART, GARY R
Address: 256 RIBERIA ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: KNEELAND, PHILIP R
Address: 727 SPRING FOREST COURT
City-St-Zip: APOKA, FL 32712

Title: D () Delete
Name: SHARTRAN, PATRICK F
Address: 12359 VC JOHNSON RD
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COLTART, GARY R
Address: 256 RIBERIA ST
City-St-Zip: SAINT AUGUSTINE, FL 32084 US

Title: D (X) Change () Addition
Name: KNEELAND, PHILIP R
Address: 32540 HAWK'S LAKE LANE
City-St-Zip: SORRENTO, FL 32776 US

Title: D (X) Change () Addition
Name: SHARTRAN, PATRICK F
Address: 12359 VC JOHNSON RD
City-St-Zip: JACKSONVILLE, FL 32218 US

I hereby certify that the information supplied with this filing does not qualify for the 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: GARY COLTART

D

01/09/2006

Electronic Signature of Signing Officer or Director

Date