

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000105302 1. Entity Name WINNSOUTH, INC.			
Principal Place of Business 1001 E. ATLANTIC AVE STE 202 DELRAY BEACH, FL 33483		Mailing Address 1000 MARKET STREET STE 300 PORTSMOUTH, NH 03801	
DO NOT WRITE IN THIS SPACE			
		4. FEI Number 58-2359881	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	WALSH, MARK		
STREET ADDRESS	1001 E. ATLANTIC AVE STE 202		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		
TITLE	D		
NAME	WALSH, MICHAEL		
STREET ADDRESS	1001 E. ATLANTIC AVE STE 202		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		
TITLE	D		
NAME	WALSH, WILLIAM		
STREET ADDRESS	1000 MARKET STREET		
CITY-ST-ZIP	PORTSMOUTH, NH 03801		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 2/23/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: (561) 279-9900	