2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000019529

FILED Apr 07, 2005 Secretary of State

Entity Name: WINDSOR CAPITAL MORTGAGE & INVESTMENT SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business:

PO BOX 340470 5450 BRUCE B DOWNS BLVD. TAMPA, FL 33694

#361

WESLEY CHAPEL, FL 33543

Current Mailing Address: New Mailing Address:

PO BOX 340470 5450 BRUCE B DOWNS BLVD. TAMPA, FL 33694

#361

WESLEY CHAPEL, FL 33543

FEI Number: 59-3559502 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LANGSTON, THOMAS M LANGSTON, THOMAS M 4012 LADY PALM CT 5450 BRUCÉ B DOWNS BLVD. TAMPA, FL 33624

WESLEY CHAPEL, FL 33543 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: THOMAS M LANGSTON 04/07/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition LANGSTON, THOMAS M LANGSTON, THOMAS M Name: Name: PO BOX 340470 Address: 5450 BRUCE B DOWNS BLVD., #361 Address: City-St-Zip: TAMPA, FL 33694 City-St-Zip: WESLEY CHAPEL, FL 33543

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 Statutés. 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: THOMAS M LANGSTON 04/07/2005 D