

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000037826

FILED
Jan 24, 2006
Secretary of State

Entity Name: WHISTLING WINDS CORPORATION

Current Principal Place of Business:

3730 CADBURY CIRCLE
APT. 301
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

3730 CADBURY CIRCLE
APT. 301
VENICE, FL 34293

New Mailing Address:

FEI Number: 65-0926318 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, GREGORY C
341 W VENICE AVE
VENICE, FL 34285 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: PD () Delete
Name: LANN, JOHN A
Address: 3730 CADBURY CIRCLE, APT. 301
City-St-Zip: VENICE, FL 34293

Title: VD () Delete
Name: LANN, MARJORIE E
Address: 3730 CADBURY CIRCLE, APT. 301
City-St-Zip: VENICE, FL 34293

Title: STD () Delete
Name: INGRAM, CHERYL
Address: PO BOX 346
City-St-Zip: INTERVALE, NH 03845

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LANN, JOHN A
Address: 3730 CADBURY CIRCLE, APT. 301
City-St-Zip: VENICE, FL 34293

Title: D (X) Change () Addition
Name: LANN, MARJORIE E
Address: 3730 CADBURY CIRCLE, APT. 301
City-St-Zip: VENICE, FL 34293

Title: PSTD (X) Change () Addition
Name: INGRAM, CHERYL
Address: PO BOX 346
City-St-Zip: INTERVALE, NH 03845

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: CHERYL INGRAM

PST

01/24/2006

Electronic Signature of Signing Officer or Director

_____ Date