2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 13, 2006 08:00 AM **Secretary of State** DOCUMENT # P99000039940 1. Entity Name NORTHWIND OF SARASOTA, INC. Principal Place of Business Malling Address **4801 PROCTOR OAKS COURT 4801 PROCTOR OAKS COURT** SARASOTA, FL 34233 SARASOTA, FL 34233 01302006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0917406 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Foe Required 5. Name and Address of Current Registered Agent SHEASLEY, ELDON DO NOT WRITE 4801 PROCTOR OAKS COURT SARASOTA, FL 34233 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, typed or printed name of registered agent and little if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 3131 F NAME SHEASLEY, ELDON STREET ADDRESS 4801 PROCTOR OAKS COURT UNN000463288 CITY-ST-ZIP SARASOTA, FL 34233 03/21/06-80069-024 150.00 TITLE NAME SIRELT ADDRESS DITY-ST-ZIP MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP 7171 F

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 1.19. 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 life empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-Z9

2-13-06

941- 809-3666

FILED