


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90002 028 \*\*\*150.00

<b>DOCUMENT # P99000104954</b>	
1. Entity Name <b>WINDSOR CONTINENTAL CORPORATION</b>	

Principal Place of Business <b>500 MONTGOMERY ST. ALEXANDRIA, VA 22314 US</b>	Mailing Address <b>500 MONTGOMERY ST. ALEXANDRIA, VA 22314 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. <b>Suite 400</b>	Suite, Apt. #, etc. <b>Suite 400</b>
City & State	City & State
Zip	Country



03262008 Chg-P CR2E034 (12/06)

4. FEI Number <b>59-3612200</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WHITMORE, LYNNE 1338 S.W. IVANHOE BLVD ORLANDO, FL 32804</b>	
7. Name and Address of New Registered Agent Name <b>Rosemary Ibach</b> Street Address (P.O. Box Number is Not Acceptable) <b>422 W. Fairbanks Avenue</b> City <b>Winter Park</b> FL Zip Code <b>32789</b>	

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 **Rosemary Ibach** DATE **3/26/08**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS WHITMORE, LYNNE 1338 S.W. IVANHOE BLVD ORLANDO, FL 32804 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Margaret E. Grayson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 422 W. Fairbanks Avenue Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Kenneth N. Whitmore <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 422 W. Fairbanks Avenue Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

**Margaret E. Grayson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-691-7956