2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S08255

City-St-Zip:

CAPE CORAL, FL 33990 US

Entity Name: TRADE WIND ESTATE HOMES INC.

FILED Jan 23, 2008 Secretary of State

Littly Na	IIIE. TRADE V	VIND ESTATE HOMES, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
720 NE 25TH AVE. #27 CAPE CORAL, FL 33909				951 SE 11TH AVE. UNIT B CAPE CORAL, FL 33990	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
407 SE 17 CAPE CO	TH AVE RAL, FL 33990)			
FEI Number	: 65-0226700	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
407 SE 17 CAPE CO	RAL, FL 33990		ournose of changing its registered	office or registered agent, or both,	
in the State	e of Florida.	submits this statement for the p	ourpose of changing its registered	office of registered agent, or both,	
SIGNATU	RE:				
	Electror	ic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () DEPAOLA, THO 407 SE 17TH A CAPE CORAL,	VE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () DEPAOLA, DEF 407 SE 17TH A CAPE CORAL,	VENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VP () DEPAOLA, MAT 407 SE 17TH A		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: DEBRA A. DEPAOLA S 01/23/2008