2008 ~~2007~~ FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # V06186

1. Entity Name

TRADEWIND EQUITIES, INC.

FILED

2008 APR 10 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
202 B NORTH SHORE DR
ORMOND BEACH FL 32176
US

Mailing Address
202 B NORTH SHORE DR
ORMOND BEACH FL 32176
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc | Suite, Apt. #, etc

City & State | City & State

Zip | Country | Zip | Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-3111379 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EVERETT, GEORGE
202 B NORTH SHORE DR
DAYTONA BEACH FL 32118-4540

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ____________________

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	C	☐ Delete
NAME	EVERETT, GEORGE	
STREET ADDRESS	202B NORTH SHORE DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900123856899 04/17/08--01012--022 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: George D. Everett Pres. 2/6/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR