2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 09, 2007 08:00 A Secretary of State

DOCUMENT	#V11432

1. Entity Name
WINTHROP HOLDINGS, INC.

Principal Place of Business

Mailing Address

360 W. INDIANTOWN ROAD JUPITER, FL 33458

SIGNATURE:

360 W INDIANTOWN RD. 1 JUPITER, FL 33458



		LINAL MAIL MINNE IIIM 31	MICH ALAN AIRN AIRN FINH EIMH SANNANN H IEI	
DO NOT WIDITE IN THIS SPACE	01042007	No Chg-P	CR2E034 (11/05)	
DO NOT WRITE IN THIS SPACE	4 CCI Norman		Applied F	

4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired Sa.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE

FIELDS, GARY D 4400 PGA BLVD., SUITE 700 PALM BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE

the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its regis	terea ottice or r	egistered agent, or bo	nth, in the State of Florida. I am familiar with, and accept			
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Regis	lored Agent signature	required when reinstating)	DATE			
	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Fir Trust Fund Contribution		\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MARLEY, JACK 101 MAIN STREET PORT JEFFERSON STATI, NY 11776				000000579562 01/10/07-80011-019 150.00			
IITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARLEY, JACK 101 MAIN STREET PORT JEFFERSON STATI, NY 11776				DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-S1-ZIP				DO				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TIFLE NAME STREET ADDRESS CITY-SI-ZIP								
12. I hereby of indicated of the cor changed	certify that the information supplied with this file on this report or supplemental report is true a poration or the receiver or fustee empowered, or on an attachment with an address, with all	ing does not qualify for the nd accurate and that my sig to execute this report as re-	exemptions cor nature shall hav adired by Chap	ntained in Chapter 11 ve the same legal effe ter 607, Florida Statut	9, Florida Statutes. I further certify that the information ct as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if			