2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 05, 2004 08:00 AM Secretary of State DOCUMENT # V27287 1. Entity Name WINSTON HILLS, INC. Principal Place of Business Mailing Address 2641 E. ATLANTIC BLVD 2641 E. ATLANTIC BLVD SHITE 306 SUITE 306 POMPANO BEACH, FL 33062 115 POMPANO BEACH, FL 33062 US 03022004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FÉI Number 65-0322563 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CONROY, COLIN DO NOT WRITE 2641 E. ATLANTIC BLVD. SUITE 306 IN THIS SPACE POMPANO BEACH, FL 33062 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE_ Signature, typed or printed name of registered agent and like if applicable. (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTD BILE NAME CONROY, COLIN STREET ADDRESS 2641 E. ATLANTIC BLVD., STE. 306 U00000077180 U3/05/04-80031-023 150.00 POMPANO BEACH, FL 33062 CITY-ST-ZIP TITLE NAME STREET ADDRESS CSTY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS C31Y - SY-23P

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 tripses employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attact/hent with address, with all other like empowered.

SIGNATURE:

TITLE

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

> COLIN CONROY ING OFFICER OR DIRECTOR

FILED