2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 24, 2008 08:00 AN Secretary of State **DOCUMENT # 421090** 1. Entity Name JWP PROPERTIES, INC. Principal Place of Business Mailing Address 4695-49TH ST N 4695-49TH ST N ST PETE, FL 33709 ST PETE, FL 33709 01172008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4 FELNumber 59-1447802 Not Applicable \$8.75 Additional **阿里克斯森等的 钟**脸上一只有一种,我们还是这种的 5. Certificate of Status Desired Fee Required DO NOT WRITE 6. Name and Address of Current Registered Agent PENNINO, JOSEPH A. JR. 2681 ST. JOSEPH DR. E. #B DUNEDIN, FL 32698 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PENNINO, JOSEPH A JR NAME STREET ADDRESS 2681 ST. JOSEPH DRIVE E., #B CITY-ST-ZIP DUNEDIN, FL 34698 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

SI	GN.	ATU	RE:
----	-----	-----	-----

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

01 18 08

Daytime Phone #

FILED