


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90026 026 ***150.00

DOCUMENT # K55698

1. Entity Name
MW INVESTMENT CORP.



Principal Place of Business Mailing Address

1100 LINTON BLVD 1000 MARKET ST
 STE C9 BLDG 1
 DELRAY BEACH, FL 33444 US PORTSMOUTH, NH 03801 US

2. Principal Place of Business 3. Mailing Address

1001 East Atlantic Ave Suite, Apt. #, etc.

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

Suite 202

City & State City & State

Delray Beach, FL

Zip Country Zip Country

33483 *US*



01212004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

CRITCHFIELD, RICHARD H.
 1100 LINTON BLVD C-4
 DELRAY BCH, FL 33426

4. FEI Number Applied For

65-0256514 Not Applicable

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

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, MARK	NAME	
STREET ADDRESS	1100 LINTON BLVD STE C-9	STREET ADDRESS	<i>1001 East Atlantic Ave, Suite 202</i>
CITY-ST-ZIP	DELRAY BEACH, FL	CITY-ST-ZIP	<i>Delray Beach, FL 33483</i>
TITLE	V <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMURRAIN, THOMAS T.	NAME	
STREET ADDRESS	1100 LINTON BLVD STE C-9	STREET ADDRESS	<i>1001 East Atlantic Ave, Suite 202</i>
CITY-ST-ZIP	DELRAY BEACH, FL	CITY-ST-ZIP	<i>Delray Beach, FL 33483</i>
TITLE	S <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRITCHFIELD, RICHARD H.	NAME	
STREET ADDRESS	1100 LINTON BLVD STE C-4	STREET ADDRESS	<i>1001 East Atlantic Ave, Suite 201</i>
CITY-ST-ZIP	DELRAY BEACH, FL	CITY-ST-ZIP	<i>Delray Beach, FL 33483</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 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 as an attachment with an address, with all other like empowered.

SIGNATURE: *Mark Walsh* *Mark Walsh* *2/4/2004* *(561)279-9900*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #