2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 25, 2005 08:00 AM Secretary of State

DOCU 1. Entity Nan PWGP, 1		50			Seci	etary of Stat
Principal Plac	ce of Business N	Mailing Address				
P.O. BOX 39238 P.O. BOX 39238 FT. LAUDERDAALE, FL 33339-9238 FT. LAUDERDAALE, FL 33339			-9238			
_	O NOT WOITE I	oe.	03222005	No Chg-P C	H2E034 (10/03)	
DO NOT WRITE IN THIS SPA				4. FEI Numb		Applied For
						Not Applicable \$8.75 Additional
				5. Certificate	e of Status Desired	Fee Required
6. Name and Address of Current Registered Agent						
GREATON, WILSON B 2601 EAST OAKLAND PARK BLVD. SUITE 405 FT. LAUDERDALE, FL 33306-1617			DO NOT WRITE 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 algebraic required when reinstating)						
	E NOWIII FEE IS \$150,00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRE	ČTORS			<u>'</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GREATON, WILSON B JR 2601 E. OAKLAND PK, BLVD. #405 FT, LAUDERDALE, FL 33306					
TITLE NAME STREET ADDRESS	V STEPHANY, ELIZABETH G 2601 E. OAKLAND PK BLVD #405				#0000027 03/25/05-80	5875 018-014 150.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _

CITY-ST-ZIP TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME
STHEET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CONTROL ADDRESS
CITY-ST-ZIP
CONTROL ADDRESS
CITY-ST-ZIP

FORT LAUDERDALE, FL 33306

2601 E. OAKLAND PK BLVD #405

FORT LAUDERDALE, FL 33306

MOLLER, LINDA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wilson B. Greaton, Jr.

3-23-05

Date

954/561-0313

Daytime Phone #