2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 01, 2006 08:00 A **Secretary of State** DOCUMENT # P94000052350 1. Entity Name PWGP, INC. Mailing Address Principal Place of Business P.O. BOX 39238 P.O. BOX 39238 FT. LAUDERDAALE, FL 33339-9238 FT. LAUDERDAALE, FL 33339-9238 No Chg-P CR2E034 (11/05) 02242006 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0512676 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GREATON, WILSON B DO NOT WRITE 2601 EAST OAKLAND PARK BLVD. SUITE 405 IN THIS SPACE FT. LAUDERDALE, FL 33306-1617 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 little if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PTD TITLE NAME GREATON, WILSON B JR D00000452614 STREET ADDRESS 2601 E. OAKLAND PK. BLVD. #405 03/13/06-80006-006 150.00 CITY-ST-ZIP FT. LAUDERDALE, FL 33306 TITLE STEPHANY, ELIZABETH G NAME STREET ADDRESS 2601 E. OAKLAND PK BLVD #405 CITY-ST-ZIP FORT LAUDERDALE, FL 33306 TITLE MOLLER, LINDA NAME STREET ADDRESS 2601 E. OAKLAND PK BLVD #405 DO NOT WRITE CITY-ST-ZIP FORT LAUDERDALE, FL 33306 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-27-06

954-561-0313