2004 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P95000000815

1. Entity Name

CWW ENTERPRISES INC

Mailing Address

5350 10TH AVE N

SUITE 5 LAKE WORTH, FL 33463

Principal Place of Business

5350 10TH AVE N

SUITE 5 LAKE WORTH, FL 33463

FILED Mar 29, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E034 (10/03) 03052004 No Chg-P

4. FEI Number 65-0555108 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WAGNER, CHARLES W 5350 10TH AVE N SUITE 5 LAKE WORTH, FL 33463

TITLE NASAE STREET ADDRESS CITY - ST - ZIP

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 tide if applicable (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WAGNER, CHARLES W 5350 10TH AVENUE NORTH, SUITE LAKE WORTH, FL	5			U00000098973 03/29/04-80064-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WAGNER, JANET B 5350 10TH AVENUE NORTH, SUITE LAKE WORTH, FL	5			
NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE	
TITLE 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 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.

HENATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR