


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # S53306
 1. Entity Name
CWYNAR ENTERPRISES, INC.



Principal Place of Business Mailing Address
851 SE 6TH AVENUE **851 SE 6TH AVENUE**
SUITE 103 **SUITE 103**
DELRAY BEACH, FL 33483 US **DELRAY BEACH, FL 33483 US**

DO NOT WRITE IN THIS SPACE



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3079354 Not Applicable

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

6. Name and Address of Current Registered Agent
CWYNAR, WILLIAM R SR
2701 S W 8TH STREET
BOYNTON BEACH, FL 33435

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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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CWYNAR, WILLIAM R SR
STREET ADDRESS	2701 S W 8TH ST
CITY-ST-ZIP	BOYNTON BCH, FL
TITLE	VP
NAME	CWYNAR, ANN M
STREET ADDRESS	2701 SW 8TH ST.
CITY-ST-ZIP	BOYNTON BCH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000338595
 04/28/05-80042-003 150.00

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

SIGNATURE: _____ *William R. Cwynar, Sr. President* 5/26/05 904-921-0265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #