


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000072885
 1. Entity Name
 CWI OF FLORIDA, INC.



Principal Place of Business Mailing Address
 110 S.E. 6TH ST. 110 S.E. 6TH ST.
 28TH FL 28TH FL
 FT. LAUDERDALE, FL 33301 FT. LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE



01272006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-3405500 Not Applicable

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

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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, 2006 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	HUDSON, HARRIS W
STREET ADDRESS	110 SE 6TH ST, 28TH FL
CITY-ST-ZIP	FT LAUDERDALE, FL 33301
TITLE	P
NAME	O'CONNOR, JAMES E
STREET ADDRESS	110 SE 6TH ST, 28TH FL
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	S
NAME	BARCLAY, DAVID A
STREET ADDRESS	110 SE 6TH ST, 28TH FL
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	T
NAME	LANG, EDWARD A III
STREET ADDRESS	110 SE 6TH ST, 28TH FL
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 authorized 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: David A. Barclay 2/15/06 954-769-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #