
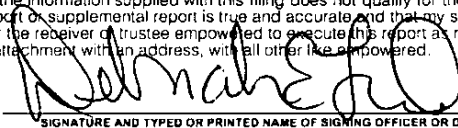


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90240 034 ***158.75

| | | | | | |
|---|--|---|--|--|--|
| DOCUMENT # P03000070649 1. Entity Name AWE TECHNOLOGY, INC. | | | |  | |
| Principal Place of Business 8440 ULMERTON ROAD, #522 LARGO, FL 33771-3864 US | | | Mailing Address POST OFFICE BOX 5765 CLEARWATER, FL 33758-5765 US | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip | | City & State Zip | | 4. FEI Number 06-1699988 | |
| Country | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BLAKLEY, BRIAN A 8971 67TH ST N PINELLAS PK, FL 33782 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | DP BLAKLEY, BRIAN A 8971 67TH ST N PINELLAS PK, FL 33782 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | S LAMB, DEBORAH E 709 S. KEENE ROAD CLEARWATER, FL 33756 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | - | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | - | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | - | <input type="checkbox"/> Delete | | | |
| 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. | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-STATE-ZIP 7142 Columns Circle # 206 Trinity, FL 34655 | | |
| SIGNATURE:  | | | 4/23/08 813-814-5088 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |