

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000000104

**Entity Name:** CWS UNLIMITED, INC.

**Current Principal Place of Business:**

3010 SILVER WOOD DR  
KISSIMMEE, FL 34741

**Current Mailing Address:**

P. O. BOX 367  
INTERCESSION CITY, FL 33848-0367

**FEI Number:** 20-4266335

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	CPST	Title	D
Name	HOWELL, ROBERT	Name	HOWELL, ROBERT
Address	P. O. BOX 367	Address	P. O. BOX 367
City-State-Zip:	INTERCESSION CITY FL 33848-0367	City-State-Zip:	INTERCESSION CITY FL 33848-0367

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT HOWELL

CPST

01/12/2015

Electronic Signature of Signing Officer/Director Detail

Date