

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                             |                                 |                                                                                                  |                                                                                                                        |                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>DOCUMENT # 461728</b><br>1. Entity Name<br><b>LWS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |                                 |                                                                                                  |                                       |                                                              |
| Principal Place of Business<br><b>C/O L.H. SPILER<br/>1540 E. COMMERCIAL BLVD., SUITE 1<br/>FT. LAUDERDALE FLORIDA 33334</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                                 | Mailing Address<br><b>C/O L.H. SPILER<br/>4450 NE 16 AVE.<br/>FT. LAUDERDALE FL 33334<br/>US</b> |                                                                                                                        |                                                              |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                                                        |                                                                                                                        |                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                                 | City & State                                                                                     |                                                                                                                        |                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             | Country                         |                                                                                                  | 4. FEI Number<br><b>59-1559410</b>                                                                                     |                                                              |
| 5. Certificate of Status Desired                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             |                                 |                                                                                                  | Applied For<br><input checked="" type="checkbox"/> Not Applicable                                                      |                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>SPILER, LAWRENCE H.<br/>4450 NE 16 AVE.<br/>FT. LAUDERDALE FLORIDA FL 33334</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                 |                                                                                                  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City      |                                                              |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                             |                                 |                                                                                                  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |                                                              |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |                                 |                                                                                                  |                                                                                                                        |                                                              |
| <b>FILE NOW!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                             |                                 |                                                                                                  |                                                                                                                        |                                                              |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                     |                                                                                                                        |                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PD<br>SPILER, LAWRENCE H<br>1540 E. COMMERCIAL<br>FORT LAUDERDALE FL 33334  | <input type="checkbox"/> Delete |                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | UN0000434794<br>02/25/06-80016-017 158.75                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | TD<br>SPILER, LAWRENCE H.<br>1540 E. COMMERCIAL<br>FORT LAUDERDALE FL 33334 | <input type="checkbox"/> Delete |                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | VSD<br>SPILER, WAYNE D<br>4450 NE 16 AVENUE<br>FORT LAUDERDALE FL 33334     | <input type="checkbox"/> Delete |                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | SD<br>SPILER, LAWRENCE H JR.<br>4450 NE 16 AVE.<br>FORT LAUDERDALE FL 33334 | <input type="checkbox"/> Delete |                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                             | <input type="checkbox"/> Delete |                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                             | <input type="checkbox"/> Delete |                                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.</b> |                                                                             |                                 |                                                                                                  |                                                                                                                        |                                                              |
| <b>SIGNATURE</b> <i>Lawrence H. Spiler</i> <b>LAWRENCE H. SPILER</b> 2/13/06 954-491-3113                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                 |                                                                                                  |                                                                                                                        |                                                              |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             |                                 |                                                                                                  |                                                                                                                        |                                                              |