

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 501006

Entity Name: C. W. D. I., INC.

FILED
Mar 14, 2008
Secretary of State

Current Principal Place of Business:

P.O.BOX 369
HERNANDO, FL 32642

New Principal Place of Business:

2820 E. NORVELL BRYANT HWY
HERNANDO, FL 32642

Current Mailing Address:

P.O.BOX 369
HERNANDO, FL 32642

New Mailing Address:

FEI Number: 59-1308802 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOWNSEND, RAYMOND J
11865 W. RIVERHAVEN DR.
HOMOSASSA, FL 34448 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TOWNSEND, RAYMOND
Address: 11865 W. RIVERHAVEN DR
City-St-Zip: HOMOSASSA, FL

Title: T () Delete
Name: MIEDEMA, TRACY
Address: 3688 S CANADIAN WAY
City-St-Zip: HOMOSASSA, FL 34448

Title: VP () Delete
Name: TOWNSEND, TODD J
Address: 5852 SQUAW LANE
City-St-Zip: BEVERLY HILLS, FL 34465

Title: S () Delete
Name: TOWNSEND, LORRAINE
Address: 11865 W. RIVERHAVEN DRIVE
City-St-Zip: HOMOSASSA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RAYMOND TOWNSEND

PRES

03/14/2008

Electronic Signature of Signing Officer or Director

_____ Date