
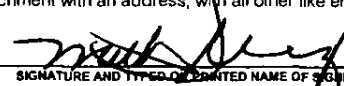


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # 697299</b><br>1. Entity Name<br><b>M. W. D., INC.</b>  |  |   |   |                                      |  |
| Principal Place of Business<br><b>18 CALLE HERMOSA</b><br><b>PENSACOLA, FL 32561 US</b>  |  |   | Mailing Address<br><b>18 CALLE HERMOSA</b><br><b>PENSACOLA, FL 32561 US</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |   |  |
| City & State   |  | City & State  |   |   |  |
| Zip  | Country  | Zip   | Country   | 4. FEI Number<br><b>59-2121073</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DURNEY, MATTHEW W.</b><br><b>1310 ARIOLA DR.</b><br><b>PENSACOLA, FL</b><br><b>PENSACOLA, FL 32561</b>   |  |   |   | 7. Name and Address of New Registered Agent<br><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.  |  |   |   | \$8.75 Additional Fee Required  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |   |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                       |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>DURNEY, MATTHEW W<br>18 CALLE HERMOSA<br>GULF BREEZE, FL 32561 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete                                      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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 11 if changed, or on an attachment with an address, with all other like empowered. |  |   |   |   |  |
| SIGNATURE:    |  |   | Date: <b>1/7/08</b>   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |   | Daytime Phone #: <b>850-469-1131</b>  |   |  |