2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005
Secretary of State

DOCUMENT# 740136

Entity Name: JIWA, INC.

Current Principal Place of Business:

420-422-424 S. B STREET
LAKE WORTH, FL 33460

New Principal Place of Business:

Current Mailing Address:

420-422-424 S. B STREET
LAKE WORTH, FL 33460

New Mailing Address:

FEI Number: 59-1843029 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALLARD, THELMA JOANE
424 SOUTH B ST
#B4
LAKE WORTH, FL 33460 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

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	SMYTH, LINDA C	
Address:	420 SB ST A2	
City-St-Zip:	LAKE WORTH, FL 33460	
Title:	TS	( ) Delete
Name:	ALLARD, THELMA J.	
Address:	424 SOUTH B ST #B4	
City-St-Zip:	LAKE WORTH, FL 00000,	
Title:	D	( ) Delete
Name:	KAUN, JOHN	
Address:	420 SOUTH	
City-St-Zip:	LAKE WORTH, FL 33460	
Title:	D	( ) Delete
Name:	EDMAN, JAMES R.,	
Address:	424 S. B STREET	
City-St-Zip:	LAKE WORTH, FL	
Title:	D	( ) Delete
Name:	MILNE, SYVI K	
Address:	420 S.B. STREET A3	
City-St-Zip:	LAKE WORTH, FL 33460	

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA C. SMYTH P 09/06/2005
Electronic Signature of Signing Officer or Director — Date