
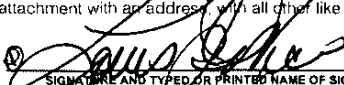


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90031 004 ***150.00

| | | | | | |
|--|--|--|--|--|--|
| DOCUMENT # 845202 1. Entity Name PW IDLEWILD CORPORATION | | | |  | |
| Principal Place of Business 800 HARBOR BLVD TAX DEPT 1ST FLOOR WEEHAWKEN, NJ 07087 | | | Mailing Address 800 HARBOR BLVD TAX DEPT 1ST FLOOR WEEHAWKEN, NJ 07087 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 13-3020129 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DYER, STEPHEN 800 HARBOR BLVD WEEHAWKEN, NJ 07086 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WATLEY, CLIFFORD B. 800 HARBOR BLVD WEEHAWKEN, NJ 07086 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LAUGHLING, EILEEN M 800 HARBOR BLVD WEEHAWKEN, NJ 07087 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KING, TAMARA S. 800 HARBOR BLVD WEEHAWKEN, NJ 07086 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT LEVINE, KEN 800 HARBOR BLVD WEEHAWKEN, NJ 07087 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AT DEVICO, LOU 800 HARBOR BLVD WEEHAWKEN, NJ 07087 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DEVICO, LOUIS J. 800 HARBOR BLVD WEEHAWKEN, NJ 07086 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE:  | | | Louis DeVico 4/20/07 201-352-0559 | | |

ATTACHMENT 4011097
UBS FINANCIAL SERVICES INC. #845202

* 800 Harbor Boulevard * Tax Dept-1st Floor * Weehawken, NJ 07086 *

CERTIFIED MAIL #: _____

04/19/2007

DEPT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6198
TALLAHASSEE , FL 32314-0000

Re: PW Idlewild Corporation
FEIN: 13-3020129

Gentlemen:

On behalf of the above captioned company, we are enclosing the following return:

ANNUAL REPORT - RETURN

Enclosed also is a check in the amount of \$ 150.00 in payment of the indicated liability.

Should you have any questions regarding this filing please feel free to contact State Tax Manager, Louis DeVico at (201) 352-0559.

Very truly yours,

Craig Adamik