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Jun 04, 2004 8:00 am
Secretary of State
05-04-2004 90211 037 ***150.00

5/4

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000005889

1. Entity Name
NWO, INC.

Principal Place of Business	Mailing Address
2 POND'S EDGE DR. CHADDS FORD, PA 19317	P.O. BOX 999 CHADDS FORD, PA 19317

00420030

04232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-0422155 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRANDYWINE FINANCIAL SERVICES CORP 2631 MCCORMICK DR, STE 101 CLEARWATER, FL 33759	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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	CP MOORE, BRUCE E 2 POND'S EDGE DR. CHADDS FORD, PA 19317 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Bruce E. Moore, President APR 26 2004 (610) 388-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment 66426636

Brandywine Financial Services Corporation
P.O. Box 999
Chadds Ford, PA 19317
(610) 388-9600

May 27, 2004

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314-6478

Re: NWO, Inc.
#F03000005889
Corrected 2004 Florida Annual Report

Via Certified Mail
Return Receipt Requested
7003 2260 0002 4916 5324

Dear Sir/Madam:

Per your notice of May 19, 2004 (copy attached), enclosed please find the Corrected 2004 Florida Annual Report for the above referenced corporation.

Should you have any questions, please call me at (610) 388-9600.

Sincerely,

Michael A. Lynam
Chief Financial Officer

MAL:dd
Enclosures