


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F03463 1. Entity Name WESTON TRAWICK, INC.		
Principal Place of Business 5392 TOWER RD. TALLAHASSEE, FL 32303		Mailing Address 5392 TOWER RD. TALLAHASSEE, FL 32303 US
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 59-2029217		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

Amended

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 21 PM 1:12



09182007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent TRAWICK, CURT 5392 TOWER RD. TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent Name James Curtis Trawick, II Street Address (P.O. Box Number is Not Acceptable) 5392 Tower Road City Tallahassee FL Zip Code 32303			
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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: James Curtis Trawick, II James Curtis Trawick, II 9/18/2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRAWICK, CURT P			NAME	James Curtis Trawick, II		
STREET ADDRESS	5392 TOWER RD.			STREET ADDRESS	5392 Tower Road		
CITY-ST-ZIP	TALLAHASSEE, FL 32303			CITY-ST-ZIP	Tallahassee, FL 32303		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME	400109962014		
STREET ADDRESS				STREET ADDRESS	09/26/07--01038--023 **61.25		
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: James Curtis Trawick, II James Curtis Trawick, II 9/18/07 850-514-0003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #