

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000632

Entity Name: AWIN MANAGEMENT, INC.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

18500 NORTH ALLIED WAY
PHOENIX, AZ 85054

New Principal Place of Business:

Current Mailing Address:

18500 NORTH ALLIED WAY
PHOENIX, AZ 85054

New Mailing Address:

FEI Number: 76-0353318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: SLAGER, DONALD W
Address: 18500 NORTH ALLIED WAY
City-St-Zip: PHOENIX, AZ 85054

Title: AS () Delete
Name: GECICH, CONNIE J
Address: 18500 NORTH ALLIED WAY
City-St-Zip: PHOENIX, AZ 85054

Title: T/D () Delete
Name: BURNETT, MICHAEL S
Address: 18500 NORTH ALLIED WAY
City-St-Zip: PHOENIX, AZ 85054

Title: SEC () Delete
Name: WHITE, JO LYNN
Address: 18500 NORTH ALLIED WAY
City-St-Zip: PHOENIX, AZ 85054

Title: VP () Delete
Name: PARKER, DALE LEON
Address: 18500 NORTH ALLIED WAY
City-St-Zip: PHOENIX, AZ 85054

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 exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRYSTAL FICKEN

POA

04/30/2008

Electronic Signature of Signing Officer or Director

Date