## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jan 29, 2008 8:00 am Secretary of State DOCUMENT # F05000004793 01-29-2008 90010 040 \*\*\*150.00 CWS ASSOCIATES, INC. Principal Place of Business Mailing Address 13976 LONG LAKE LANE PT 7655 FIVE MILE ROAD STE 115 CHARLOTTE, FL 33953 CINCINNATI, OH 45230 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3041 RIVERSHORE LANE Suite, Apt. #, etc. Suite. Apt. #. etc. 01242008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For PT. CHARLOTTE, FL 31-1750027 Not Applicable Zio. Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33953 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. SANDERS, CHARLES W JR Street Address (P.O. Box Number is Not Acceptable) 3041 RIVERSHORE LANE 13976 LONG LAKE LANE PT CHARLOTTE, FL 33953 PT. CHARLOTTE 8. The above named entity ts registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept mits this statement for the purpose of chanthe obligations of reco SIGNATURE 9. Election Camp inancing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CDP ☐ Delete TITLE THILE K Change ☐ Addition SANDERS, CHARLES W NAME NAME 3041 RIVERSHORE LANE STREET ADDRESS 13976 LONG LAKE LANE PT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PT. CHARLOTTE, FL 33953 CHARLOTTE, FL 33953 TITLE ☐ Delete TITLE XX Change ☐ Addition SANDERS, DORIS C NAME NAME 3041 RIVERSHORE LANE STREET ADDRESS 13976 LONG LAKE LANE PT STREET ADDRESS CITY-ST-ZIP CHARLOTTE, FL 33953 CITY-ST-ZIP PT. CHARLOTTE, FL 33953 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z-P ☐ Delete TITLE TITLE ☐ Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the indicated on this report or supplemental report is true and accurate and that missign emptions contained in Chapter 119, Florida Statutes. I further certify that the information ture shall have the same legal effect as if made under oath; that I am an officer or director ired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee empowered to execute this reports changed, or on an attachment with all other like en powered. Charles W. Sanders. SIGNATURE:

FILED