2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F32018

Address:

City-St-Zip:

568 ISLAND DRIVE

PALM BEACH, FL 33480

Entity Name: RENWIL CORP.

FILED Jan 31, 2007 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
	AGLER DR. E50 LM BEACH, FL		US			
Current Mailing Address:				New Mailing Address:		
568 ISLAN PALM BEA	ID DRIVE ACH, FL 33480	US				
FEI Number	: 59-2082031	FEI Numb	er Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
	ID DRIVE ACH, FL 33480					
	named entity s e of Florida.	ubmits this	s statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:					
	Electroni	ic Signatur	e of Registered Age	ent	Date	
Election Car	mpaign Financing	Trust Fund	Contribution ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () LICKLE, RENEE 568 ISLAND DR PALM BEACH, F	IVE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PTD () LICKLE, WILLIA 568 ISLAND DR PALM BEACH, F	IVE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP () LICKLE, GARRI	Delete SON		Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: WILLIAM LICKLE **PRES** 01/31/2007