

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F50531

Entity Name: E. W. MANAGEMENT, INC.

FILED
Mar 30, 2008
Secretary of State

Current Principal Place of Business:

ISLAND PIZZA
1619 PERIWINKLE WAY
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

838 GLEASON PARKWAY
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 59-2132006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANE, AUDREY
37 KALA CT.
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

RADKE, JEFF
838 GLEASON PKWY
CAPE CORAL, FL 33914 US

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: JEFF RADKE

03/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LANE, AUDREY P.
Address: 37 KALA CT
City-St-Zip: FORT MYERS, FL 33912

Title: VD () Delete
Name: RADKE, JEFFERY
Address: 838 GLEASON PARKWAY
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LANE, AUDREY P.
Address: 48 QUICH CT
City-St-Zip: FORT MYERS, FL 33912

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: JEFF RADKE

VPD

03/30/2008

Electronic Signature of Signing Officer or Director

Date