


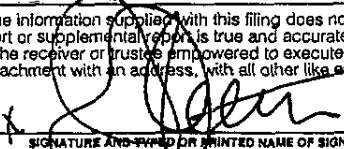


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2005 08:00 AM
Secretary of State

DOCUMENT # F60308 1. Entity Name LUTWAN, INC.			
Principal Place of Business 120 SPRING ISLE TRAIL ALTAMONTE SPRINGS, FL 32714 US		Mailing Address 120 SPRING ISLE TRAIL ALTAMONTE SPRINGS, FL 32714 US	
DO NOT WRITE IN THIS SPACE			
		01182005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2146906	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FEINSTEIN, J.D. 120 SPRING ISLE TRAIL ALTAMONTE SPRINGS, FL 32714		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		 02/15/05-80054-003 150.00 DO NOT WRITE IN THIS SPACE	
TITLE	PDST		
NAME	FEINSTEIN, JEROME D		
STREET ADDRESS	120 SPRING ISLE TRAIL		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 2/15/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
Jerome D Feinstein			