

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F82805**

1. Entity Name  
**EWO FLORIDA, INC.**



Principal Place of Business  
**1515 SOUTH FEDERAL HIGHWAY, #300  
BOCA RATON, FL 33432**

Mailing Address  
**1515 SOUTH FEDERAL HIGHWAY, #300  
BOCA RATON, FL 33432**



07102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2514914**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GILLESPIE, R B  
1515 SOUTH FEDERAL HIGHWAY, #300  
BOCA RATON, FL 33432**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MAIER, HANS-PETER  
STREET ADDRESS 99 KLENZESTRASSE  
CITY-ST-ZIP MUNICH GERMANY, GR 80469

TITLE VPD  
NAME JAIS, WOLFGANG  
STREET ADDRESS 99 KLENZESTRASSE  
CITY-ST-ZIP MUNICH GERMANY, GR 80469

TITLE VP  
NAME GILLESPIE, R. BOWEN  
STREET ADDRESS 1515 S FEDERAL HWY #300  
CITY-ST-ZIP BOCA RATON, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000575429  
08/29/06-80001-019 550.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: R. Bowen Gillespie 8-24-06 561-368-5158  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR V.P. Date Daytime Phone #