2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000879

Entity Name: MHW, LTD., COMPANY

FILED Aug 19, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
272 PLAN 100	DOME RD			
	SET, NY 11030	US		
Current Mailing Address:		New Mailing Address:		
	DOME RD			
100 MANHAS:	SET, NY 11030	US		
El Number	: 11-1802884	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of Cu	ırrent Registered Agent:	Name and Address of	of New Registered Agent:
1200 SOU	PORATION SYS ITH PINE ISLAN ION, FL 33324			
	e named entity so e of Florida.	ubmits this statement for the	purpose of changing its registere	d office or registered agent, or both,
n the Stat	e of Florida. É RE:			d office or registered agent, or both,
n the Stat	e of Florida. É RE:	ubmits this statement for the		d office or registered agent, or both, Date
n the Stat SIGNATU n accordan	e of Florida. RE: Electronice with s. 607.193	c Signature of Registered Ag (2)(b), F.S., the corporation did n	ent	
n the Stat SIGNATU n accordan Election Ca	e of Florida. RE: Electronice with s. 607.193	c Signature of Registered Ag (2)(b), F.S., the corporation did n Trust Fund Contribution ().	ent ot receive the prior notice.	
n the Stat SIGNATU n accordan Election Ca	e of Florida. RE: Electronic see with s. 607.193 mpaign Financing S AND DIRECT	c Signature of Registered Ag (2)(b), F.S., the corporation did n Trust Fund Contribution (). ORS: Delete OHN F	ent ot receive the prior notice.	Date
n the Stati SIGNATU In accordant Election Can DFFICER Vitle: Name: Address:	e of Florida. RE: Electronic nce with s. 607.193 mpaign Financing S AND DIRECT P () I BEAUDETTE, JO 13 TAPPAN WOOLATTINGTOWN,	c Signature of Registered Ag (2)(b), F.S., the corporation did n Trust Fund Contribution (). ORS: Delete OHN F DD DR NY 11560 Delete R LD RD	ent ot receive the prior notice. ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

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: CHERYL TITTLE MGR 08/19/2009