


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2005 8:00 am**  
**Secretary of State**

07-07-2005 90002 019 \*\*\*158.75

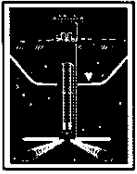
<b>DOCUMENT # F99000006018</b>					
1. Entity Name <b>COLLECTOR WELLS INTERNATIONAL, INC.</b>					
Principal Place of Business <b>6360 HUNTLEY RD. COLUMBUS, OH 43229</b>			Mailing Address <b>6360 HUNTLEY RD. COLUMBUS, OH 43229</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>31-1590620</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>NRAI SERVICES, INC.</b> <b>2731 EXECUTIVE PARK DRIVE</b> <b>SUITE 4</b> <b>WESTON, FL 33331</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
We did not receive prior notice in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input checked="" type="checkbox"/> Delete			
NAME	<b>SHEA, MICHAEL J</b>				
STREET ADDRESS	<b>6425 STATE ROUTE 656</b>				
CITY-ST-ZIP	<b>CENTERBURG, OH 43011</b>				
TITLE	VD	<input type="checkbox"/> Delete			
NAME	<b>NILGES, MARK W</b>				
STREET ADDRESS	<b>7710 SEDDON DRIVE</b>				
CITY-ST-ZIP	<b>DUBLIN, OH 43016</b>				
TITLE	STD	<input type="checkbox"/> Delete			
NAME	<b>SMITH, ANDREW J</b>				
STREET ADDRESS	<b>54 CHATHAM</b>				
CITY-ST-ZIP	<b>COLUMBUS, OH 43214</b>				
TITLE	VD	<input type="checkbox"/> Delete			
NAME	<b>FRENCH, JAMES A</b>				
STREET ADDRESS	<b>1383 CREEKSIDE PLACE</b>				
CITY-ST-ZIP	<b>REYNOLDSBURG, OH 43068</b>				
TITLE	V	<input type="checkbox"/> Delete			
NAME	<b>STOWE, SAM</b>				
STREET ADDRESS	<b>308 WHISPERING PINES COURT</b>				
CITY-ST-ZIP	<b>WORTHINGTON, OH 43085</b>				
TITLE	VD	<input type="checkbox"/> Delete			
NAME	<b>HUNT, HENRY</b>				
STREET ADDRESS	<b>3719 PAMELA DRIVE</b>				
CITY-ST-ZIP	<b>GAHANNA, OH 43230</b>				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<b>SAM STOWE</b>				
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Samuel H. Stowe</u> <b>Samuel H. Stowe</b> <u>7/1/05</u> <b>614-888-6263</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

**66025398**



07012005 Chg-P CR2E034 (10/03)

*We did not receive prior notice in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.*



ATTACHMENT 66025378  
**Collector Wells International, Inc.**

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6360 Huntley Road • Columbus, Ohio 43229  
Tel: (614) 888-6263 • Fax: (614) 888-9208  
email: collectorwells@collectorwellsint.com


July 26, 2005

Secretary of State  
Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Collector Wells respectfully asks that the penalty for not filing our annual report in the time required be waived. We did not receive notice of its being due until the last week of June 2005. We immediately filed the report along with a check for \$158.75 (which is in your possession).

Sincerely,

  
Maureen Ludlum  
Office Manager

