2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 10, 2008 08:00 AM

DOCUMENT # G00251 1. Entity Name A.W.K. INDUSTRIES, INC.			Secretary of Stat				
Principal Place 7194 ROSE ORLANDO, F		Mailing Address PO BOX 607267 ORLANDO, FL 32860		- I (Pr ier st)	ABIII BUUB KUBI BKK KA	I BIBIT BIBIT AIBIT BIBIT B	ini pisiirni (i inni
, Ε	OO NOT WRITE	CE	01062008 4. FEI Number 59-222		CR2E034 (11	Applied For Not Applicable Additional	
6. Name and Address of Current Registered Agent KLUTTS, ALVIN W. 7454 GROVE OAK ORLANDO, FL 32810			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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when remistating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be led to Fees			
TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF PTD KLUTTS, ALVIN W. 7454 GROVE OAK ORLANDO, FL	ECTORS			U0000 01/10/08	0777553 -80013-008	3 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-SI-ZIP							

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 all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Alvin W. Klutts SIGNATURE AND TYPED OR PRINTED NAME OF SIGN