

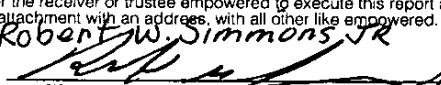


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90091 008 ***150.00

DOCUMENT # H50777 1. Entity Name R.W.S., INC.					
Principal Place of Business 1090 JUPITER PARK DR. 101 JUPITER, FL 33458			Mailing Address 4152 W. BLUE HERON BLVD. SUITE 106 RIVIERA BCH., FL 33404 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address <i>Suite 101</i> <i>1090 Jupiter Park Dr</i> <i>Suite 101</i> <i>Jupiter, FL</i> <i>33458</i> <i>US</i>			
4. FEI Number 59-2612154		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 SIMMONS, ROBERT W., JR. 6441 RIVER POINTE WAY JUPITER, FL 33478			7. Name and Address of New Registered Agent 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SIMMONS, ROBERT W., JR. 6441 RIVER POINTE WAY JUPITER, FL 33478	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SIMMONS, LAUREN R. 6441 RIVER POINTE WAY JUPITER, FL 33478	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OLSEN, BLANCHE R. 742 FAIRHAVEN DRIVE NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Robert W. Simmons, Jr.</i> 		Date: <i>4-27-05</i> Daytime Phone #: <i>561-741-1944</i>			