## **2007 FOR PROFIT CORPORATION**

## **ANNUAL REPORT DOCUMENT # H68279** 1. Entity Name E.W.M. INVESTMENTS, INC.

Principal Place of Business

3055 CARDINAL DRIVE

SUITE 106 VERO BEACH, FL 32963 Mailing Address

C/O LORETTA DVORAK BOX 3276

VERO BEACH, FL 32964-0276

**FILED** Apr 25, 2007 08:00 Al Secretary of State



	DO	<b>NOT</b>	WRITE	IN THIS	SPACE
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01162007 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 59-2579598 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

STEWART, WILLIAM J. 3355 OCEAN DRIVE VERO BEACH, FL 32963

the obligations of registered agent.

## DO NOT WRITE IN THIS SPACE

SIGNATURE_	Signature, typed or printed name of registered agent and title	f applicable (NOTE Registered A	Agent signature r	equired when reinstaling)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financi     Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	•
10.	OFFICERS AND DIREC	CTORS		<del> </del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCS MCCABE, ELEONORA W. 3055 CARDINAL DR. #106 VERO BEACH. FL. 32963				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT 'MCCABE, ROBERT F 3055 CARDINAL DR #106 VERO BEACH, FL 32963				000000732236 05/09/07-80038-015 150.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP				The transfer of	NOT WRITE

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR