


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

01-10-2007 90042 018 \*\*\*150.00

**DOCUMENT # K81947**

1. Entity Name  
**MWG COMPANY, INC.**



Principal Place of Business      Mailing Address  
 10655 SW 185 TERR.      PO BOX 97-1202  
 MIAMI, FL 33157 US      MIAMI, FL 33197 US

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      P.O. Box 97-1643  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 MIAMI, FL

Zip      Country      Zip      Country  
 33197      US

40000659



01042007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
 65-0207998      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>LANE, PAUL J.</b> 2415 N. UNIVERSITY DR CORAL SPRINGS, FL 33065	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007, Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GWINN, JEAN	NAME	
STREET ADDRESS	626 E RIDGE VILLAGE DR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEER, NED C.	NAME	SCHEER, NED C.
STREET ADDRESS	17500 S.W. 92RD AVE.	STREET ADDRESS	10655 S.W. 185TH TERRACE
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	MIAMI, FL 33157
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-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, 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: Ned Scheer      Date: 1/8/07      Daytime Phone #: 305-720-6980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #