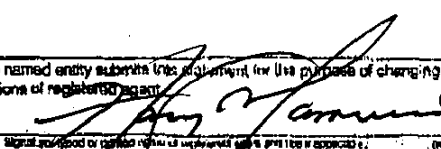
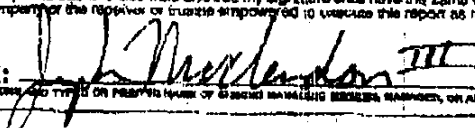


FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90039 045 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L07000121465 4. Entity Name M W & A INTERNATIONAL LLC			
Principal Place of Business 32 CANYON TERRACE IRVINE, CA 92603		Mailing Address 32 CANYON TERRACE IRVINE, CA 92603	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04302008 Chg-LLC CR2E083 (12/08)		4. FEI Number 26-1533843	
5. Certificate of Status Desired ☐		Applied For Not Applicable	
6. Name and Address of Current Registered Agent SAMUELS, HARRY M 2901 STIRLING ROAD, STE 307 FORT LAUDERDALE, FL 33312		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  DATE 4/30/08 Signed and filed or printed name of registered agent and fee is specified in: (Printed Registered Agent's signature required when re-registering)			
FILE NOW!! FEE \$6138.75 After May 1, 2008 Fee will be \$6341.75		Make check payable to: Florida Department of State	
B. MANAGING MEMBERS/MANAGERS		C. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCLendon, JOSEPH III 32 CANYON TERRACE IRVINE, CA 92603 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAM, JOSEPH B 711 PINE STREET BOULDER, CO 80302 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company for the respective or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:  DATE 4-29-08 949-725-7979 COUNTY AND TITLE OF PRESENT OR FORMER MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE			