


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90471 024 \*\*\*150.00

<b>DOCUMENT # L91771</b>					
1. Entity Name F W T, INC.					
Principal Place of Business 650 N. WICKHAM ROAD MELBOURNE, FL 32935			Mailing Address 650 N. WICKHAM ROAD MELBOURNE, FL 32935		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3013349	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  CALABRESE, FRANK 555 GLEN CHEEK DR PORT CANAVERAL, FL 32920				7. Name and Address of New Registered Agent Name JOSEPH CALABRESE Street Address (P.O. Box Number is Not Acceptable) 650 N. WICKHAM ROAD City MELBOURNE FL Zip Code 32935	
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: <u>Joseph J Calabrese</u> JOSEPH CALABRESE Vice Pres. 4/27/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<div> <div>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</div> <div>           9. Election Campaign Financing  <input type="checkbox"/> \$5.00 May Be Added to Fees  <input type="checkbox"/> Trust Fund Contribution         </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CALABRESE, FRANK 540 PARKSIDE DR MERRITT ISLAND, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC CALABRESE, MARYELLEN 540 PARKSIDE DR MERRITT ISLAND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCP CALABRESE, MARYELLEN 3571 TIPPERARY DRIVE MERRITT ISLAND, FL 32953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CALABRESE, JOSEPH 2564 HAMLIN ST NE PALM BAY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST FLUGEL, ELLEN 1465 SYKES CREEK DRIVE MERRITT ISLAND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
SIGNATURE: <u>Joseph J Calabrese</u> JOSEPH CALABRESE 4/27/06 321-255-7942 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



04232006 Chg-P CR2E034 (11/05)