

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90036 041 \*\*\*158.75

**DOCUMENT # M56423**

1. Entity Name  
**ENERGY-WORKS INTERNATIONAL, INC.**



Principal Place of Business  
**PO BOX 7054  
MIAMI BEACH, FL 33154-7054 US**

Mailing Address  
**PO BOX 7054  
MIAMI BEACH, FL 33154-7054 US**

**50000684**



03052008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0003378</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**STEINER-HORNSTEYN, HELENA  
10250 COLLINS AVE  
STE 301  
MIAMI, FL 33154**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEINER-HORNSTEYN, H. 10250 COLLINS AVE #301 BAL HARBOUR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANNIKA, ROBERTA 3867 W MARKET ST STE 275 AKRON, OH 44333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* Pres. March 12 / 08 / 305 8649160