2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State
04-16-2004 90117 047 ****61.25

DOCUMENT # N02000009249

1. Entity Name
S.W.I.S.S., INC.

24045004

04152004 Chg-NP CR2E037 (10/03)

Principal Place of Business	Mailing Address
4482 MCINTOSH PK DR #1701 SARASOTA, FL 34232 US	4482 MCINTOSH PK DR #1701 SARASOTA, FL 34232 US

2. Principal Place of Business	3. Mailing Address
8051 N. Tamiami Tr.	P.O. Box 50606
Suite, Apt. #, etc.: Suite A-8	Suite, Apt. #, etc.: Box 69
City & State: Sarasota, Fl	City & State: Sarasota, Fl 34232
Zip: 34243 Country: US	Zip: 34232 Country: US

4. FEI Number 33-1032394 ☐ Applied For ☐ 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
WILLIAMS, SABRINA B 4482 MCINTOSH PK DR. #1701 SARASOTA, FL 34232	Name: SABRINA B. WILLIAMS Street Address (P.O. Box Number is Not Acceptable): 5311 Andris Ct City: North Port FL Zip Code: 34288

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: Sabrina Williams 3-31-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WILLIAMS, SABRINA 45482 MCINTOSH PT DR #1701 SARASOTA, FL 34232	☐ Delete	P SABRINA WILLIAMS 5311 Andris Ct North Port, Fl 34288	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JOHNSON, ANDRE 1645 HENDERSON AVE FORT MYERS, FL 33916	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WILLIAMS, GREG 1370 S WHITE OAK DR APT 116 WAUKEGAN, IL 60085	☐ Delete	T Greg Williams 1546 Shelby Ct Gurnee, Ill 60031	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HENDON, ANNE 6000 ORCHARD DR N SAINT PETERSBURG, FL 33702	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: Sabrina B. Williams 3-31-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #