## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N0500009121 .  1. Entity Name C.M.W INTERNATIONAL HOUSE, INC.								SECRETARY OF STATE DIVISION OF CORPORATIONS  08 SEP 22 PM 12: 47					
824 ÅVENIDA CUARTA 82 # 105 #				lailing Address 324 AVENIDA CUARTA # 105 CLAREMONT, FL 34714								<b></b>	
2. Principal Place of Business - No P.O. Box # 3.				3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				0	9112008	Chg-NP	CR2E0	37 (12/06)			
City & State			City & State				4.	4. FEI Number 82-0546855				pplied For ot Applicable	
Zip	p Country		Zip	Zip C		intry	5. Certificate of St		Status Desired		\$8.75 Ad Fee Require		
		7. Name and Address of New Registered Agent Name											
WATSON, CLAUDIA E ED 824.AVENIDA CUARTA						Street Address (P.O. Box Number is Not Acceptable)							
# 105 CLAREMO													
						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  Signature. typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE													
D		e is \$61.25 stember 12, 2008		9. Election Can Trust Fund C	~ ~~	Add	5.00 May Be ded to Fees	Flo	Make check payable to Florida Department of State				
10.	ED	OFFICERS AND DI	RECTORS	☐ Defete	11. TITLI	<u> </u>	ADD	DITIONS/CHAN	GES TO OFFICE	RS AND D	IRECTORS II	N 10 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	WATSON 824 AVEN	, CLAUDIA É ED IIDA CUARTA #105 ONT, FL 34714		NAM Stre				<b>4 (</b> 09/23	<b>001</b> 36 3/08010	6246 1600			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T DAVIS, MILES J D/T 8297 CHAMPMAN'S GATE BLVD. #17 CHAMPAN'S GATES BLVD, FL 3389										□ Change	Addition	
TITLE NAME STREET ADDRESS. CITY-ST-ZIP			يو	☐ Delete			•				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1312 RAII	, ARNITA D/S N TREE BEND ONT, FL 34714		☐ Delete		1					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	t .	, THEODOCIA AB RTLE POINTE DRIVE I, NC		☐ Delete							☐ Change	Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	216 SOUT	, LISA S/D THERN AVENUE BIA, MS 38668		☐ Delete	CITY	RE EET ADDRESS '-ST-ZIP	1	39	132/	18	Change	☐ 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 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: Water Manuel of Signature and Typed or Printed name of Signature													