2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000497

JERRY, PARKS

ORLANDO, FL 32837

3453 AMACA

Name: Address:

City-St-Zip:

Entity Name: ASSA/ 4 CORRODATION IN

FILED Apr 30, 2007 Secretary of State

Entity Name: A&W-1 CORPORATION, INC.				
Current Principal Place of Business:			New Principal Place of Business:	
8764 SW ⁻ MIAMI, FL				
Current Mailing Address:			New Mailing Address:	
P.O. BOX MIAMI, FL				
FEI Number	: 65-0641427	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
8764 SW [*] MIAMI, FL			surposo of abanging its registers	d office or registered agent, or both,
in the State	e of Florida.	submits this statement for the p	ourpose of changing its registere	d office of registered agent, or both,
SIGNATUI				
	Electron	ic Signature of Registered Age	ent	Date
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () RICE, RANDOL 8764 SW 177TI MIAMI, FL 331	H TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP () PARKS, JERRY 3453 AMACA C ORLANDO, FL	IRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	SECY () JOHNSON, HEL 8764 SW 177TI MIAMI, FL		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () JOHNSON, HEL 8764 S.W 177 MIAMI, FL		Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	D ()	Delete	Title:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: RANDOLPH R. RICE PRES 04/30/2007