

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000061520

FILED
Mar 25, 2008
Secretary of State**Entity Name:** F W E INC.**Current Principal Place of Business:**8100 PARK BLVD
A 45
PINELLAS PARK, FL 33781**New Principal Place of Business:****Current Mailing Address:**7901 55TH WAY
PINELLAS PARK, FL 33781**New Mailing Address:****FEI Number:** 59-3656477 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**SCHOTT, BILLY P
7001 66TH ST N
PINELLAS PARK, FL 33781 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** D () Delete
Name: WHITE, FRANK
Address: 7901 55TH WAY
City-St-Zip: PINELLAS PARK, FL 33781**Title:** D () Delete
Name: WHITE, SANDRA
Address: 7901 55TH WAY
City-St-Zip: PINELLAS PARK, FL 33781**Title:** V (X) Delete
Name: FERNANDEZ, BRIAN
Address: 10468 108TH ST
City-St-Zip: LARGO, FL 33778**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA WHITE

D

03/25/2008

Electronic Signature of Signing Officer or Director_____
Date