2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 04, 2005 8:00 am Secretary of State DOCUMENT # P00000066807 05-04-2005 90147 008 ***150.00 EWD INVESTMENT CORP. Principal Place of Business Mailing Address 5950 W OAKLAND PARK BLVD 5950 W OAKLAND PARK BLVD #207 LAUDERHILL, FL 33313 LAUDERHILL, FL 33313 2. Principal Place of Business 3. Mailing Address 9010 SW 137th Suite, Apt. #, etc. Suite, Apt. #, etc. 04252005 Chg-P CR2E034 (10/03) Suite 113 City & State City & State 4. FEI Number Applied For 65-1026434 Not Applicable Miami, Fl Country 2ip Country Ζiρ \$8.75 Additional 5. Certificate of Status Desired 33186 U.S.A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIXON, WAVERTON D. Street Address (P.Q. Box Number is Not Acceptable) 5950 W OAKLAND PARK BLVD LAUDERHILL, FL 33313 City 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete Addition TISTE THUE ☐ Change DIXON, WAVERTON NAME NAME STREET ADORESS 5950 W OAKLAND PARK BLVD #207 STREET ADDRESS CITY-ST-ZIP LAUDERHILL, FL 33313 City-St-ZiP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP THLE ☐ Delete TITE S ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY- ST-ZiP CITY-ST-ZIP TO E Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ET-ZIP TIFLE Delete Change Change ☐ Addition PIA!AE NAME STREET ADDRESS STREET ADORESS CITY - ST - ZIP 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 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. 4128 WAVEATON DIXON SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Priore

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