2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State
01-12-2005 90013 035 ***150.00

DOCUMENT# P00000069308

1. EntityName
BWUS1,INC.

40000665

01042005 Chg-P CR2E034(10/03)

PrincipalPlaceofBusiness	MailingAddress
849 20TH ST. VERO BCH, FL 32960	849 20TH ST. VERO BCH, FL 32960

2. PrincipalPlaceofBusiness		3. MailingAddress	
Suite,Apt.#,etc.		Suite,Apt.#,etc.	
City&State		City&State	
Zip	Country	Zip	Country

4. FEINumber 59-3661735 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent	7. NameandAddressofNewRegisteredAgent
BARKETT,BRUCE 756BEACHLANDBLVD. VEROBCH,FL32963	Name StreetAddress (P.O.BoxNumberisNotAcceptable) City **FL** ZipCode

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,i ntheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenre instating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS			11. ADDITIONS/CHANGESTOOFFICERSANDDIRECTORSIN11		
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	PD BIANCHI,FRANCO 84920THSTREET VEROBEACH,FL32960	☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	PD Bianchi, Beatrice 849 20th Street Vero Beach, FL 32960	☒ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	VD BIANCHI,FRANCO 84920THSTREET VEROBEACH,FL32960	☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP	VST NOVAK,DAVID 84920THSTREET VEROBEACH,FL32960	☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREETADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. Iherebycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedin Section119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter607,FloridaStatutes;an dthatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwithanaddress,withallotherlikeempowered.

SIGNATURE: David Novak 1/6/05
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#