

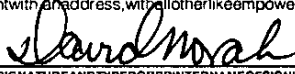
2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90013 035 ***150.00

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DOCUMENT# P00000069308					
1. EntityName BWUS1,INC.					
PrincipalPlaceofBusiness 849 20TH ST. VERO BCH, FL 32960			MailingAddress 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 BARKETT,BRUCE 756BEACHLANDBLVD. VEROBCH,FL32963				7. NameandAddressofNewRegisteredAgent Name StreetAddress (P.O.BoxNumberisNotAcceptable) City FL ZipCode	
8. Theabovenamedentitysubmits thisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth, intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.					
SIGNATURE _____ Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenreinstating) 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. IherebycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedinSection119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter607,FloridaStatutes;an dthatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwithanaddress,withallotherlikeempowered.					
SIGNATURE: 		Date: 1/6/05			
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR					