2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 25, 2005 08:00 AM Secretary of State DOCUMENT # P00000109582 PWS INTERNATIONAL, INC. Principal Place of Business Mailing Address 29 SE 5TH ST **29 SE 5TH ST** BOCA RATON, FL 33432 BOCA RATON, FL 33432 CR2E034 (10/03) 04192005 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1079154 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6, Name and Address of Current Registered Agent FOX, LEO A DO NOT WRITE 133 BOCA RATON RD BOCA RATON, FL 33432 IN THIS SPACE 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 epplicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10, PST TITLE WELDON, CHARLES NAME STREET ADDRESS 29 SE 5TH STREET BOCA RATON, FL 33431 CITY-ST-ZIP TITLE NAME STREET ADDRESS U00000327229 D4/25/05-80030-001 **158.**75 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED