## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000109582  1. Entity Name PWS INTERNATIONAL, INC.				Secretary of Sta			
Principal Plac	e of Business	Mailing Address		1			
29 SE 5TH S	ST N, FL 33432	29 SE 5TH ST BOCA RATON, FL 33432					
DOUR IMIQU	1, IL 30732	DOCK ICHION,   E 33432					
			<del></del>				
DO NOT WRITE IN THIS SPACE			CE.	01312007	No Chg-P CF	R2E034 (11/05)	
	O NOI WRITE	IN THIS SPA	CE	4. FEI Numl 65-10		Applied For Not Applica	
					e of Status Desired	¢0.75	
	6. Name and Address of Current Re	gistered Agent					
FOX, LEO A 133 BOCA RATON RD BOCA RATON, FL 33432			DO NOT WRITE 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 applicable. (NOTE: Registered Agent				ad when reinstating)	D.	ATE	i
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			ncing \$5	5.00 May Be ded to Fees	U0000062	9017 040-009-150 00	1
10.	OFFICERS AND DIF	RECTORS			OECTORDI UD	<del></del>	,
TITLE NAME	PST WELDON, CHARLES						
STREET ADDRESS	29 SE 5TH STREET						
CITY-ST-ZIP	BOCA RATON, FL 33431						
TITLE							
NAME							
STREET ADDRESS CITY-ST-ZIP							
TITLE			1				
NAME						•	
STREET ADDRESS				DΩ	NOT WRI	TE	
CITY-ST-ZIP				טט	1401 AAKI	i 🗀	

IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 employeed 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 employeed

SIGNATURE:

TITLE

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

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02 -C3 -C3 561-9012191