2008 FOR PROFIT CORPORATION

FILED Apr 28, 2008 08:00 AN Secretary of State ANNUAL REPORT **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 (11/05) 03032008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1079154 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FOX, LEO A 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) -H00000926441.5 % 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 /20708-80066-021 150700 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE WELDON, CHARLES NAME 29 SE 5TH STREET STREET ADDRESS BOCA RATON, FL 33431 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee changed, or on an attachment with an add

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNING OFFICER OR DIRECTOR

Davlime Phone #