2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000008183

1. Entity Name

JW STUDIOS, INC.

Principal Place of Business	Mailing Address
1117 WEBB DRIVE	1117 WEBB DRIVE
CLEARWATER, FL 33755	CLEARWATER, FL 33755

DO NOT WRITE IN THIS SPACE

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90096 005 ***150.00

05092007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
59-3693288		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LEUFAN, PATRICK
1117 WEBB DRIVE
CLEARWATER, FL 33755

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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 signature required when reinstating)   DATE 5/09/07

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	PTD
NAME	LUEFAN, PATRICK A
STREET ADDRESS	1117 WEBB DRIVE
CITY-ST-ZIP	CLEARWATER, FL 33755

TITLE	S
NAME	LUEFAN, ANN
STREET ADDRESS	1117 WEBB DRIVE
CITY-ST-ZIP	CLEARWATER, FL 33755

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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.

SIGNATURE: _____   5/09/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #