2004 FOR PROFIT CORPORATION

FILED Apr 30, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P01000010257 HUW ENTERPRISES, INC. Principal Place of Business Mailing Address 9227 CHELSEA DRIVE N 9227 CHELSEA DRIVE N PLANTATION, FL 33324 PLANTATION, FL 33324 01272004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1074056 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JONES, HUGH DO NOT WRITE 9227 CHELSEA DRIVE N PLANTATION, FL 33324 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) DATE U00000144108 04/30/04-80119-001 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS THE DP JONES, HUGH STREET ADDRESS 9227 CHELSEA DRIVE N C017-51-782 PLANTATION, FL 33324 TOLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-7/P NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information incloated 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:

STREET ADDRESS CITY-ST-ZIP

OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytona Phone #