2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 21, 2005 8:00 am **Secretary of State DOCUMENT # P01000010257** 1. Entity Name 01-21-2005 90050 026 ***150.00 HUW ENTERPRISES, INC. Principal Place of Business Mailing Address 9227 CHELSEA DRIVE N 9227 CHELSEA DRIVE N UIIFUUUL PLANTATION, FL 33324 PLANTATION, FL 33324 CR2E034 (10/03) 01142005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS DP TITLE JONES, HUGH NAME STREET ADDRESS 9227 CHELSEA DRIVE N CITY-ST-ZIP PLANTATION, FL 33324 TITLE NAME 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 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby 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 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:

GIVATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/05 95.4-475-7129 Date Daying Phone #

FILED