## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000030100

Entity Name: RFW DEVELOPMENT, INC.

FILED Apr 24, 2009 Secretary of State

	Principal Place of B		New Principal Place	
3005 SAN ΓΑΜΡΑ, F	I ISIDRO ST FL 33629		14018 NORTH BLVD TAMPA, FL 33613	
Current Mailing Address:		New Mailing Address:		
3005 SAN ISIDRO ST TAMPA, FL 33629		14018 NORTH BLVD. TAMPA, FL 33613		
El Number	r: 59-3709663 FE	Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	d Address of Curre	nt Registered Agent:	Name and Address	of New Registered Agent:
3005 SAN FAMPA, F	, ANDREW R I ISIDRO ST FL 33629 US			
	e named entity subm e of Florida.	its this statement for the p	ourpose of changing its registere	ed office or registered agent, or both
SIGNATU	RE:			
SIGNATU		gnature of Registered Ag	ent	Date
	Electronic Sig	gnature of Registered Ago	ent	Date
Election Ca	Electronic Sig	t Fund Contribution ( ).		Date ES TO OFFICERS AND DIRECTO
Election Ca	Electronic Signification	et Fund Contribution ( ).  S:  R		
Election Ca  DFFICER  Title: Name: Address:	Electronic Signman Financing Trus  S AND DIRECTOR:  P () Delet  WEBBER, ANDREW  3005 SAN ISIDRO ST	et Fund Contribution ( ).  S:  R  R	ADDITIONS/CHANG Title: Name: Address:	ES TO OFFICERS AND DIRECTO
Election Ca  DFFICER  Title: Name: Nddress: City-St-Zip: Title: Name: Nddress:	Electronic Signapaign Financing Trus  S AND DIRECTOR:  P () Delet WEBBER, ANDREW 3005 SAN ISIDRO ST TAMPA, FL 33629  VP () Delet JOHNSON, SONIA 14018 NORTH BLVD.	et Fund Contribution ( ).  S:  e  R  e	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	ES TO OFFICERS AND DIRECTO  ( ) Change ( ) Addition
DFFICER Title: Name: Address: Dity-St-Zip: Title: Name: Address: Dity-St-Zip: Title: Name: Address: Address: Name: Address:	Electronic Signapaign Financing Trusts  S AND DIRECTOR:  P () Delet WEBBER, ANDREW 3005 SAN ISIDRO ST TAMPA, FL 33629  VP () Delet JOHNSON, SONIA 14018 NORTH BLVD. TAMPA, FL 33613  TR () Delet WEBBER, ENMA 3005 SAN ISIDRO ST	et Fund Contribution ( ).  S:  e  R  e	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:	EES TO OFFICERS AND DIRECTO  ( ) Change ( ) Addition  ( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AW PRES 04/24/2009