
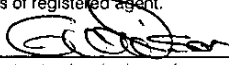
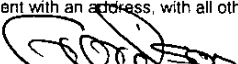


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90061 034 \*\*\*150.00

<b>DOCUMENT # P01000040778</b> 1. Entity Name <b>G.W. USA ENTERPRISES, INC.</b>					
Principal Place of Business <b>10800 BRIGHTON BAY BLVD SUITE 9207 SAINT PETERSBURG, FL 33716</b>			Mailing Address <b>10800 BRIGHTON BAY BLVD SUITE 9207 SAINT PETERSBURG, FL 33716</b>		
2. Principal Place of Business <b>4720 GURNET CT.</b>		3. Mailing Address <b>4720 GURNET CT</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>TAMPA, FL</b>		City & State <b>TAMPA FL</b>		4. FEI Number <b>59-3746516</b>	
Zip <b>33611</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WEYLIE, WALLACE J 350 GULF BLVD INDIAN ROCKS BEACH, FL 33785</b>			7. Name and Address of New Registered Agent Name <b>GARY WILSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>4720 GURNET CT</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33611</b>		
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:  (NOTE: Registered Agent signature required when reinstating) DATE: <b>Apr 9/05</b>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WILSON, GARY 10800 BRIGHTON BAY BLVD STE 9207 SAINT PETERSBURG, FL 33716</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WILSON, GARY 4720 GURNET CT TAMPA FL 33611</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  DATE: <b>Apr 9/05</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					