2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2005 8:00 am Secretary of State

DOCUMENT # P01000045607 1. Entity Name CWE MANAGEMENT, INC.				04-04-2005 9	90055 018 ***150.00	
Principal Plac	e of Business	Mailing Address		7		
PO BOX 372 PO BOX 372						
MEXIA, AL 36458 MEXIA, AL 36458						
				1 1001100111111 60101 70818 00811 00711 00111	# 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2. Principal P	Place of Business	3. Mailing Address	H1118			
6172	Barrineau Ln	6172 Barrine	au lano		# # # # # # # # # # # # # # # # # # #	
Suite, Apt.		Suite, Apt. #, etc.	20110	03222005 Chg-P	CR2E034 (10/03)	
City & Stat	e .	City & State		4. FEI Number	Applied For	
Molino,	<u>FL</u>	Molino, FL		59-3718845	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	S8.75 Additional	
32577	6. Name and Address of Current	32577	USA	7. Name and Address of New Ri	Fee Required	
	6. Name and Address of Current	negistered Agent	- Name			
CAPITAL CONNECTION INC				lenda E. Thompson		
	RGINIA ST., STE. 1		Street Address (P.O. Box Number is Not Acceptable) 6172 Barrineau Ln			
TALLAHAS	SSEE, FL 32301		<u> </u>	UITE DATE LITERAL LITERA		
			0.0		Zip Code	
			^{Cit} Moline)	FL Zip Code 32577	
	named entity submits this statement fo	r the purpose of changing its r	registered office or regist	ered agent, or both, in the State of Flo	rida. I am familiar with, and accept	
the obligations of registered agent.						
SIGNATURE.	SIGNATURE Glenda E. Thompson 3-29-05					
Signature, typed or printed name of registered agent and titif applicable. (NOTE: Registered Agent signature required when re-installing) DATE						
EH		a Florida Comonia			1	
	.E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campaig Trust Fund Contri		5.00 May Be Ided to Fees		
		OO Trust Fund Contri			CERS AND DIRECTORS IN 11	
After M	ay 1, 2005 Fee will be \$550.0 OFFICERS AND PSTD	DIRECTORS Delete	ibution. Ad	ded to Fees	CERS AND DIRECTORS IN 11 Change Addition	
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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

Glenda E. Thompson Glenda E. Thompson, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SENTING OFFICER OR DIRECTOR

Date

1-352-408-4340