


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90782 006 \*\*\*150.00

<b>DOCUMENT # P01000048659</b>					
<b>1. Entity Name</b> MGW, INC.					
<b>Principal Place of Business</b> 3639 CRAZY HORSE TRAIL ST AUGUSTINE, FL 32086			<b>Mailing Address</b> 3639 CRAZY HORSE TRAIL ST AUGUSTINE, FL 32086		
<b>2. Principal Place of Business</b> 3027 Painters Walk Suite, Apt. #, etc.		<b>3. Mailing Address</b> 3027 Painters Walk Suite, Apt. #, etc.			
<b>City &amp; State</b> Flagler Beach, FL		<b>City &amp; State</b> Flagler Beach, FL		<b>4. FEI Number</b> 04222004 Chg-P CR2E034 (10/03) 59-3724248	
<b>Zip</b> 32136		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SCHULMAN, SHARON L 3639 CRAZY HORSE TRAIL ST AUGUSTINE, FL 32086			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">DATE</span>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <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>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST- ZIP</b>	<b>P</b> SCHULMAN, SHARON L <input type="checkbox"/> Delete 3639 CRAZY HORSE TRAIL SAINT AUGUSTINE, FL 32086		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST- ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3027 Painters Walk Flagler Beach, FL 32136	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST- ZIP</b>	<b>V</b> SCHULMAN, STEVEN B <input type="checkbox"/> Delete 3639 CRAZY HORSE TRAIL SAINT AUGUSTINE, FL 32086		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST- ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3027 Painters Walk Flagler Beach, FL 32136	
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<b>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.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/30/04 Date <span style="float: right;">Daytime Phone #</span>		