FILED

2003 FOR PROFIT CORPORATION

Apr 16, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P01000066429 DOCUMENT # 04-16-2003 90116 009 ***150.00 KWGC INVESTMENTS, INC. Principal Place of Business Mailing Address 279-GOLF CLUB DR 279-COLF-CLUB DR KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business Old Kenned olohennea Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 65-1121670 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALLISON, JOHN R III Street Address (P.O. Box Number is Not Acceptable) 100 SE SECOND ST STE 3350 MIAMI FL 33131-2151 City Zip Code 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Addition TITLE ☐ Delete 1010 Kennedy Dr.
1010 Kennedy Dr. PRITAM, SINGH NAME NAME 279 GOLF CLUB DRT STREET ADDRESS STREET ADDRESS KEY WEST FL 33040 CITY-ST-ZIP CITY-ST-ZIP VP. ☐ Addition TITLE ☐ Delete TITLE HAGEL, NANCY NAME NAME 279 GOLF CLUB DR STREET ADDRESS STREET ADDRESS KEY WEST FL 33040 CITY-ST-7IP CITY-ST-7IE ☐ Addition ☐ Delete TITLE TITLE RAPHEL, ROBERT D NAME NAME 270-GOLF CLUB DR STREET ADDRESS STREET ADDRESS KEY WEST FL 33040 CITY-ST-7IE CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change [] Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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