2005 FOR PROFIT CORPORATION. ANNUAL REPORT

Aug 09, 2005 8:00 am Secretary of State 08-09-2005 90001 027 ***150 00 DOCUMENT # P01000079015 1. Entity Name DONALD W. LEWIS, INC. Principal Place of Business Mailing Address 1905 NW 79 AVE 1905 NW 79 AVE 50060624 MARGATE, FL 33063 MARGATE, FL 33063 08012005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1131672 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEWIS, DONALD W DO NOT WRITE 1905 NW 79 AVE MARGATE, FL 33063 IN THIS SPACE 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 Fiorida. I am familiar with, and accept the obligations of registered agent SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (HOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. П Added to Fees Due by September 7, 2005 corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS PlesiDe-T TITLE NAME LEWIS, DONALD W 1905 NW 79 AVE STREET ADDRESS CITY-ST-ZIP MARGATE, FL 33063 THLE NAME STREET ADDRESS CiTY-ST-ZiP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZtP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 the physician of the receiver or trustee empowered.

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE://

DONALD WLEWIS

FILED

954-610 4023