## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000029023 I. Enlity Name CORPORATE WEBWORKS, INC.			Secretary of State			
Principal Place of Business Mailing Address 5011 WILES RD., #305 5011 WILES COCONUT CREEK, FL 33073 COCONUT CREEK					\$4000 (1418 NOTE WAS IN TO	BAN (((#DA)) (( (3B)
DO NOT WRITE IN TH	IS SPAC	E	01112005 4. FEI Number 59-3770		CR2E034 (10/	Applied For Not Applicable Additional
Name and Address of Current Registered Agen	t T	<u> </u>			Fee Het	luirea
HAMDAN, IMAD N 5011 WILES RD., #305 COCONUT CREEK, FL 33073				NOT WE		
8. The above named entity submits this statement for the purpose of clithe obligations of registered agent  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable	e <del>st</del> eri	office or registere	ur :		da. I am familiar v	vith, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			OO May Be d to Fees			
10. OFFICERS AND DIRECTORS  IN LE P HAMDAN, IMAD N  STREET ADDRESS 5011 WILES RD., #305  CITY-S1-ZIP COCNUT CREEK, FL 33073  TITLE V			,	U000000 01/14/05-8	180877 30025-n12	150.00
NAME HAMDAN, SAMAR Z STREET ADDRESS 5011 WILES RD #305 CITY-SI-ZIP COCONUT CREEK, FL 33073				war 1 11 WW 1	moro ore	1-0.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				NOT WI		
TITLE NAME STREET ADDRESS CITY-S1-ZIP			IN T	HIS SPA	ACE	

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 changed, or on an attachment with-an address, with all other like empowered.

SIGNATURE:

TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-12-05 | SG1|3620491