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Apr 10, 2003 8:00 am
Secretary of State
03-28-2003 90056 003 ***150.00

55024229

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000052014

1. Entity Name

ANW Consulting Corp

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
536 Conifer Street	536 Conifer Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melbourne FL	City & State: Melbourne FL
Zip: 32904 Country:	Zip: 32904 Country:

4. FEI Number: 01-0684767 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Thomas Wilson

Street Address (P.O. Box Number is Not Acceptable): 536 Conifer Street

City: Melbourne FL Zip Code: 32904

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: Thomas Wilson DATE: 3-30-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1st Fee Is $150.00
After May 1 Fee Is $550.00
Amended UBR Is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	Thomas Wilson
STREET ADDRESS	536 Conifer Street
CITY-ST-ZIP	Melbourne FL 32904
TITLE	S/D
NAME	Nancy Wilson
STREET ADDRESS	536 Conifer Street
CITY-ST-ZIP	Melbourne FL 32904
TITLE	
NAME	
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CITY-ST-ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas Wilson Thomas Wilson 3-30-03 321-952-8287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #