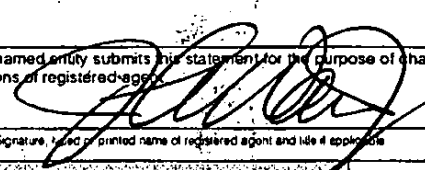
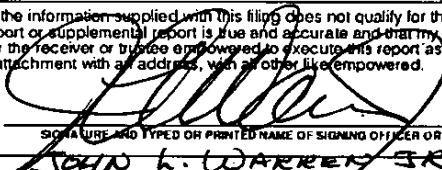


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-06-2005 90113 019 ***150.00

DOCUMENT # P02000072301					
1. Entity Name JWEI, INC					
Principal Place of Business 5300 S ORANGE AVE ORLANDO FL 32809			Mailing Address 5300 S ORANGE AVE ORLANDO FL 32809		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 61-1418601	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WARREN, JOHN L JR 5300 S ORANGE AVE ORLANDO FL 32809				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State FL 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 				DATE (4-1-05)	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WARREN, JOHN L JR		NAME		
STREET ADDRESS	5300 S ORANGE AVE		STREET ADDRESS		
CITY- ST- ZIP	ORLANDO FL 32809		CITY- ST- ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	INMAN, ERIC J		NAME		
STREET ADDRESS	PO BOX 593258		STREET ADDRESS		
CITY- ST- ZIP	ORLANDO FL 32859		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date 4-15-05 Daytime Phone # 407-859-1364		
Signature and typed or printed name of signing officer or director JOHN L. WARREN JR					