2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 05, 2005 08:00 AM **DOCUMENT # P02000081540 Secretary of State** KWW DEVELOPMENT, INC. Mailing Address Principal Place of Business 26650 WESLEY CHAPEL BLVD 26650 WESLEY CHAPEL BLVD LUTZ, FL 33559 LUTZ, FL 33559 No Chg-P CR2E034 (10/03) 06302005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 54-2066615 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent REIBER, JACOB I ESQUIRE DO NOT WRITE 26650 WESLEY CHAPEL BLVD LUTZ, FL 33559 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 Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing **\$5.00** May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 OFFICERS AND DIRECTORS 10. TITLE WILD, JOHNNY L NAME 000000370362 07/05/05-80013-012 150.00 PO BOX 7063 STREET ADDRESS WESLEY CHAPEL, FL 33543 CITY-ST-ZIP D WINKLER, BERNARD NAME STREET ADDRESS PO BOX 7063 CMY-ST-ZIP WESLEY CHAPEL, FL 33543 TITLE CONLLEY, GREGORY T NAME 27612 PROSPECT PLACE STREET ADDRESS DO NOT WRITE WESLEY CHAPEL, FL 33543 CITY-ST-ZIP IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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:	Ma 2020 Dunk
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS CATY+ST-ZIP

6-30-05

Daytime Phone #

FILED