


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000101103</b> 1. Entity Name <b>EWO HOMES, INC.</b>	
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Principal Place of Business <b>1515 S FEDERAL HWY STE 300 BOCA RATON, FL 33432</b>	Mailing Address <b>1515 S FEDERAL HWY STE 300 BOCA RATON, FL 33432</b>
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07102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>41-2061034</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GILLESPIE, R. BROWN III  
1515 S FEDERAL HWY STE 300  
BOCA RATON, FL 33432**

**DO NOT WRITE  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JAIS, WOLFGANG 1515 S FEDERAL HWY STE 300 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAIER, PETER KLENZESTRASSE 99 MUNICH WEST GERMANY,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILLESPIE, BOWEN 1515 S FEDERAL HWY #300 BOCA RATON, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000575428  
08/29/06-80001-018 550.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **R. Bowen Gillespie** 8-24-06 561-368-5758  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
V.P.