## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000101103

Entity Name: EWO HOMES, INC

FILED Apr 21, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1515 S FEDERAL HWY STE 300 7601A NORTH FEDERARL HIGHWAY. BOCA RATON, FL 33432

SUITE 165

BOCA RATON, FL 33487

**Current Mailing Address: New Mailing Address:** 

1515 S FEDERAL HWY STE 300 7601A NORTH FEDERARL HIGHWAY,

BOCA RATON, FL 33432 SUITE 165

BOCA RATON, FL 33487

FEI Number: 41-2061034 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GILLESPIE, R. BROWN III GILLESPIE, R. BROWN III

1515 S FEDERAL HWY STE 300 7601A NOŔTH FEDERAL HIGHWAY

BOCA RATON, FL 33432 SUITE 165 BOCA RATON, FL 33487 US

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.

SIGNATURE: R. BOWEN GILLESPIE 04/21/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

JAIS, WOLFGANG Name: Name: JAIS, WOLFGANG

1515 S FEDERAL HWY STE 300 7601A NORTH FEDERAL HIGHWAY, SUITE 165 Address: Address:

City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: BOCA RATON, FL 33487

PD Title: () Change () Addition Title: ( ) Delete

Name: MAIER, PETER Name: KLENZESTRASSE 99 Address: Address: MUNICH WEST GERMANY, City-St-Zip: City-St-Zip:

( ) Delete Title: Title: (X) Change ( ) Addition VΡ

GILLESPIE, BOWEN Name: GILLESPIE, BOWEN Name:

1515 S FEDERAL HWY #300 7601A NORTH FEDERAL HIGHWAY Address: Address:

City-St-Zip: BOCA RATON, FL City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

VΡ SIGNATURE: R. BOWEN GILLESPIE 04/21/2009