


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90167 034 \*\*\*150.00

<b>DOCUMENT # P02000101708</b> 1. Entity Name <b>MW INVESTORS, INC.</b>					
Principal Place of Business <b>132 MARINA DEL REY COURT CLEARWATER, FL 33767</b>			Mailing Address <b>132 MARINA DEL REY COURT CLEARWATER, FL 33767</b>		
2. Principal Place of Business <b>670 2<sup>ND</sup> STREET N.</b>		3. Mailing Address <b>SAC</b>			
Suite, Apt. #, etc. <b>SUITE B</b>		Suite, Apt. #, etc.			
City & State <b>SAFETY HARBOR, FL</b>		City & State		4. FEI Number <b>54-2074142</b>	
Zip <b>34695</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WIARD, WILLIAM 132 MARINA DEL REY COURT CLEARWATER, FL 33767</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>670 2<sup>ND</sup> STREET N</b> City <b>SAFETY HARBOR</b> <b>FL</b> Zip Code <b>34695</b>	
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) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PHILLIPS, MICHAEL 670 EDERADO AVE CLEARWATER, FL 33767</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>20 NORTH PINE CIRCLE BELLEAIR, FL 33756</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V WIARD, WILLIAM 132 MARINA DEL REY CT CLEARWATER, FL 33767</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>880 MANALAY AVENUE, C-503 CLEARWATER BEACH, FL 33767</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: X</b> <i>William Wiard</i>			<b>4/29/05</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

**50047467**



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