

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90180 027 \*\*\*150.00

**DOCUMENT # P02000128514**

1. Entity Name  
**EWO AT SHERBROOKE, INC.**



Principal Place of Business      Mailing Address

**1515 SOUTH FEDERAL HIGHWAY SUITE 300**      **1515 SOUTH FEDERAL HIGHWAY SUITE 300**  
**BOCA RATON, FL 33432**      **BOCA RATON, FL 33432**

**DO NOT WRITE IN THIS SPACE**



02012007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**03-0512945**      Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

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

**GILLESPIE, R. BOWEN III**  
**1515 SOUTH FEDERAL HIGHWAY SUITE 300**  
**BOCA RATON, FL 33432**

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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	J AIS, WOLFGANG
STREET ADDRESS	1515 SOUTH FEDERAL HIGHWAY SUITE 300
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	VP
NAME	GILLESPIE, BOWEN R
STREET ADDRESS	1515 SOUTH FEDERAL HIGHWAY #300
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:** J AIS VICE PRESIDENT      Date: 4/14/2007      (561) 388-5758

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #