2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 11, 2008 8:00 am **Secretary of State** DOCUMENT # P03000042363 01-11-2008 90060 016 ***150.00 RW HOLDING INTERNATIONAL, INC. Principal Place of Business Mailing Address 255 S. ORANGE AVENUE 255 S. ORANGE AVENUE SUITE 800 SUITE 800 ORLANDO, FL 32801 ORLANDO, FL 32801 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Ant # etc. Suite, Apt. #, etc. 01072008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-0174652 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MACKINNON, ALEXANDER C Street Address (P.O. Box Number is Not Acceptable) 255 S ORANGE AVE ORLANDO, FL 32801 Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Change TITLE ☐ Delete TITLE 255 South ORANGE AVE., SLITE 800 WELBY RIORDEN NAME NAME 109 AMBER SWEET WAY, SUITE 117 STREET ADDRESS STREET ADDRESS ORLANDO, FI 32801 DAVENPORT, FL 33897 CITY-ST-7IP CITY-ST-ZIP Addition ☐ Delete Change MILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THEF ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete

12. I hereby certify that the information supplied with this filling 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.

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-S1-ZIP

CHY-S1-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Change

☐ Addition

FILED