2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 26, 2006 8:00 am Secretary of State DOCUMENT # P03000044032 04-26-2006 90225 034 ***150.00 1. Entity Name AZWS, INC. Principal Place of Business Mailing Address 5991 DALEPERIDGE BLVD. 621 MONTE CRISTO BLVD. 50016541 SARASOTA, FL 34232 TIERRA VERDE, FL 33715 CR2E034 (11/05) 04132006 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 42-1590821 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent-SAMAHA, CHARLES M DO NOT WRITE 259 FOURTH AVENUE NORTH ST. PETERSBURG, FL 33701 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 (NOTF: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. \Box Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PTD TITLE ZAKI, ASHRAF NAME STREET ADDRESS 621 MONTE CRISTO BLVD. CITY-ST-ZIP TIERRA VERDE, FL 33715 VSD TITLE SABBA, WALID NAME STREET ADDRESS 621 MONTE CRISTO BLVD. CITY-ST-ZIP TIERRA VERDE, FL 33715 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 the empowered.

RINTED NAME OF SIGNING OFFICER

FILED

Daytime Phone #