


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000049825</b>		
1. Entity Name <b>RNW ENTERPRISES, INC.</b>		
Principal Place of Business <b>PO BOX 723 MIDDLEBURG, FL 32050</b>		Mailing Address <b>PO BOX 723 MIDDLEBURG, FL 32050</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>HELMS, EMILY C 1279 KINGSLEY AVE 103 ORANGE PARK, FL 32073</b>		01192006    No Chg-P    CR2E034 (11/05)
		4. FEI Number <b>56-2370228</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 except the obligations of registered agent.		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>WEST, ROBERT W PO BOX 723 MIDDLEBURG, FL 32050</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-family: monospace; font-size: 1.2em;">1100000498251 03/24/06 00003-019 158.75</div> <b>DO NOT WRITE IN THIS SPACE</b>	
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: <u>Robert N West</u>		Date: <u>3/7/06</u> Daytime Phone #: <u>(904) 813-3383</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date    Daytime Phone #