

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000097731

FILED
Mar 23, 2006
Secretary of State

Entity Name: RKW ENTERPRISES INC

Current Principal Place of Business:

5015 TREASURE CAY RD
TAVARES, FL 32778

New Principal Place of Business:

2250 HWY 27
CLERMONT, FL 34711

Current Mailing Address:

5015 TREASURE CAY RD
TAVARES, FL 32778

New Mailing Address:

FEI Number: 20-0209258

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WADHWA, RAM
5015 TREASURE CAY RD
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

WADHWA, RAM KRISHAN
5015 TREASURE CAY RD
TAVARES, FL 32778 US

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.

SIGNATURE: RAM KRISHAN WADHWA

03/23/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WADHWA, RAM KRISHAN
Address: 5015 TREASURE CAY RD
City-St-Zip: TAVARES, FL 32778

Title: VP () Delete
Name: WADHWA, JITENDER
Address: 5015 TREASURE CAY RD
City-St-Zip: TAVARES, FL 32778

Title: S () Delete
Name: WADHWA, PUJA
Address: 5015 TREASURE CAY RD
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: WADHWA, RALINDER
Address: 419 ROSEWOOD LANE
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: WADHWA, ANJU
Address: 419 ROSEWOOD LANE
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WADHWA, RAJINDER
Address: 419 ROSEWOOD LANE
City-St-Zip: TAVARES, FL 32778

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAM KRISHAN WADHWA

P

03/23/2006

Electronic Signature of Signing Officer or Director

Date