

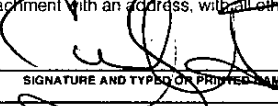


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90100 002 \*\*\*150.00

<b>DOCUMENT # P04000050594</b> 1. Entity Name <b>C.W. EXECUTIVE PROPERTY MANAGEMENT, INC.</b>			
Principal Place of Business <b>1606 S CENTER ST EUSTIS, FL 32726</b>		Mailing Address <b>1606 S CENTER ST EUSTIS, FL 32726</b>	
2. Principal Place of Business <b>17681 SE Highway 450</b> Suite, Apt. #, etc.		3. Mailing Address <b>17681 SE Highway 450</b> Suite, Apt. #, etc.	
City & State <b>Umatilla, FL</b> Zip <b>34784</b> Country <b>USA</b>		City & State <b>Umatilla, FL</b> Zip <b>34784</b> Country <b>USA</b>	
4. FEI Number <b>65-1221220</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		03092005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>WILLIAMS, CINDY 1606 S CENTER ST EUSTIS, FL 32726</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>17681 SE Highway 450</b> City <b>Umatilla</b> <b>FL</b> Zip Code <b>34784</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 accept the obligations of registered agent. SIGNATURE  <b>Cindy Williams</b> <b>3-11-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PD WILLIAMS, CINDY 1606 S CENTER ST EUSTIS, FL 32726</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>17681 SE Highway 450 Umatilla, FL 34784</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <b>Cindy Williams</b> <b>3-11-05</b> <b>352-516-8550</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			