2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 04, 2005 8:00 am Secretary of State **DOCUMENT # P04000129156** 04-04-2005 90077 007 ***150.00 1. Entity Name AWI CORP. Principal Place of Business Mailing Address 100 S.E. 2ND STREET 100 S.E. 2ND STREET 17TH FLOOR 17TH FLOOR MIAI, FL 33131 MIAI, FL 33131 2. Principal Place of Business 3. Mailing Address 3111 N. UNIVEASITY DONE 11 N. UNIVERSIM DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. 03282005 CR2E034 (10/03) 1000 1000 City & State City & State 4. FEI Number Applied For CORAL SPRINGS SPRINZS FL CORAL 730 XS 20-7 Not Applicable Country USA-\$8.75 Additional 5. Certificate of Status Desired 3306s Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LICKSTEIN, FRED K Street Address (P.O. Box Number is Not Acceptable) 100 S.E. 2ND STREET 17TH FLOOR MIAI, FL 33131 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and titte II applicable. (NOTE: Registered Agent aignature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change TITLE ☐ Delete THOMAS. P. WEITER NAME MAME 3111 N. UNIVERSITY DRIVER 1000 STREET ADDRESS STREET ADDRESS CORAL SPRINKS FL 33065 CITY-ST-ZIP CITY-ST-ZIP **□** Addition Delete TITLE TITLE ☐ Change JOEDAN PAUL NAME NAME 3/11 N. UNIVERSITY DeIV=, #1000 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CORAL SPRINZS ☐ Delete Addition TITLE TITLE Change | RODNEY MARKS NAME NAME 3/11, J. UNIVEREITT. DRIVE, # 1000 STREET ADDRESS STREET ADDRESS CORAL SPRINZS FL 33065 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CUY-ST-7IP CITY-ST-ZIP ☐ Defete TILE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TIRE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. changed, or on an attachment with an address, with all other like or

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