2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000139775

Entity Name: SWAT INTERNATIONAL, INC.

SULAMAN, MUHAMMED W

DAVIE, FL 33328

2640 SOUTH UNIVERSITY DRIVE APT 316

Name:

Address: City-St-Zip: FILED Jul 21, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2640 SOUTH UNIVERSITY DRIVE APT 316 DAVIE, FL 33328 **Current Mailing Address: New Mailing Address:** 2640 SOUTH UNIVERSITY DRIVE APT 316 DAVIE, FL 33328 FEI Number: 02-0731923 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SULAMAN, TALIM 2640 SOUTH UNIVERSITY DRIVE APT 316 DAVIE, FL 33328 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SULAMAN, TALIM Name: Name: 2640 SOUTH UNIVERSITY DRIVE APT 316 Address: Address: City-St-Zip: **DAVIE, FL 33328** City-St-Zip: Title: Title: () Change () Addition () Delete SULAMAN, SHEREEN BANU Name: Name: 2640 SOUTH UNIVERSITY DRIVE APT 316 Address: Address: **DAVIE, FL 33328** City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: SULAMAN MUHAMMED, W T 07/21/2005