2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 29, 2007 08:00 AM DOCUMENT # P04000142650 1. Entity Name Secretary of State SW19, INC. Principal Place of Business Mailing Address **IMG CENTER - SUITE 100** IMG CENTER - SUITE 100 1360 EAST 9TH STREET 1360 EAST 9TH STREET CLEVELAND, OH 44114 CLEVELAND, OH 44114 01092007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1794356 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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 title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 1/000000608350 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 02/01/07-80006-014 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE SHARAPOVA, MARIA NAME STREET ADDRESS 1360 EAST 9TH STREET #100 CITY-ST-ZIP CLEVELAND, OH 44114 TITLE SHARAPOV, YURIY NAME STREET ADDRESS 1360 EAST 9TH STREET #100 C(TY-ST-Z)P CLEVELAND, OH 44114 TITLE SHARAPOVA, YELENA NAME STREET ADDRESS 1360 EAST 9TH STREET #100 DO NOT WRITE CITY-ST-ZIP CLEVELAND, OH 44114 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the Information supplied with this filling 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:

TITLE NAME STREET ADDRESS

RE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

101.19.2007

Daytime Phone #