

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2006 8:00 am
Secretary of State

07-28-2006 90030 047 ***150.00

DOCUMENT # P05000007458

1. Entity Name
IWDT, INC.



Principal Place of Business
4010 WILLOW RUN
PALM BEACH GARDENS, FL 33418

Mailing Address
4010 WILLOW RUN
PALM BEACH GARDENS, FL 33418

40101000



2. Principal Place of Business
11929 E Colonial Drive

3. Mailing Address
11929 E Colonial Drive

Suite, Apt. #, etc.
#166

Suite, Apt. #, etc.
#166

City & State
Orlando, Florida

City & State
Orlando, Florida

Zip
32826

Country
USA

Zip
32826

Country
USA

07252006 Chg-P CR2E034 (11/05)

4. FEI Number
20-2160722

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MENDELEWICZ, JARED S
4010 WILLOW RUN
PALM BEACH GARDENS, FL 33418

7. Name and Address of New Registered Agent

Name
JARED MENDELEWICZ

Street Address (P.O. Box Number is Not Acceptable)
11929 E. Colonial Dr

#166

City
Orlando,

FL

Zip Code
32826

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

JARED MENDELEWICZ

(NOTE: Registered Agent signature required when reinstating)

7/25/2006

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
MENDELEWICZ, JARED S
4010 WILLOW RUN
PALM BEACH GARDENS, FL 33418

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP

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CITY - ST - ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JARED MENDELEWICZ

Date

Daytime Phone #

7/25/2006

(407)
674-3012