
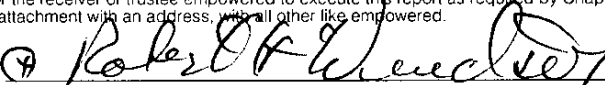


2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90020 010 \*\*\*150.00

<b>DOCUMENT # P05000036166</b>																													
<b>1. Entity Name</b> S.L.W. SALES, INC.																													
<b>Principal Place of Business</b> 5631 ROCKWOOD AVENUE ORLANDO, FL 32839 US			<b>Mailing Address</b> 5631 ROCKWOOD AVENUE ORLANDO, FL 32839 US																										
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	03282008      Chg-P      CR2E034 (12/06)																									
<b>4. FEI Number</b> 20-2457901				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable																						
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Not Applicable																													
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																									
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>																										
WINDSOR, ROBERT 5631 ROCKWOOD AVENUE ORLANDO, FL 32839			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td style="padding: 2px;">City</td> </tr> <tr> <td style="padding: 2px;"> <table style="width:100%;"> <tr> <td style="width:80%; text-align: right;"><b>FL</b></td> <td style="width:20%;">Zip Code</td> </tr> </table> </td> </tr> </table>			Name	Street Address (P.O. Box Number is Not Acceptable)	City	<table style="width:100%;"> <tr> <td style="width:80%; text-align: right;"><b>FL</b></td> <td style="width:20%;">Zip Code</td> </tr> </table>	<b>FL</b>	Zip Code																		
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<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.</b>																													
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____																													
<b>FILE NOW!!! - FEE IS \$150.00</b> After May 1, 2008 Fee will be \$550.00		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																											
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>																										
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<b>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.</b>																													
<b>SIGNATURE:</b> 																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #																													