


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 30, 2006 8:00 am**  
**Secretary of State**

08-30-2006 90002 019 \*\*\*150.00


DOCUMENT # P05000036283  
 1. Entity Name  
 SWF ACQUISITIONS, INC.



Principal Place of Business . . . . . Mailing Address . . . . .  
 4448 PALM BEACH BLVD. . . . . 4448 PALM BEACH BLVD.  
 FORT MYERS, FL 33905 US . . . . . FORT MYERS, FL 33905 US

2. Principal Place of Business . . . . . 3. Mailing Address . . . . .  
 1519 SW 53<sup>RD</sup> LANE . . . . . 1519 SW 53<sup>RD</sup> LANE  
 Suite, Apt. #, etc. . . . . Suite, Apt. #, etc. . . . .

City & State . . . . . City & State . . . . .  
 CAPE CORAL FL . . . . . CAPE CORAL FL . . . . .  
 Zip . . . . . Country . . . . . Zip . . . . . Country . . . . .  
 33905 . . . . . US . . . . . 33914 . . . . . US . . . . .



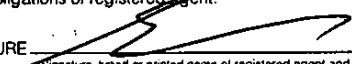
07072006 Chg-P CR2E034 (11/05)

4. FEI Number . . . . . Applied For . . . . .  
 20-3041285 . . . . . Not Applicable . . . . .  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent . . . . . 7. Name and Address of New Registered Agent . . . . .

WHITE, ALAN . . . . . Name ALAN WHITE  
 4448 PALM BEACH BLVD. . . . . Street Address (P.O. Box Number is Not Acceptable) 1519 SW 53<sup>RD</sup> LANE  
 FORT MYERS, FL 33905 . . . . .  
 City CAPE CORAL FL Zip Code 33914

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.

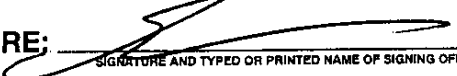
SIGNATURE  ALAN WHITE PRESIDENT 8/25/06  
(NOTE: Registered Agent signature required when reinstating) DATE

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES WHITE, ALAN 4448 PALM BEACH BLVD FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1519 SW 53 <sup>RD</sup> LANE CAPE CORAL FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAZZAGATTI, PETER 899 CYPRESS LAKE CIRCLE FORT MYERS, FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  ALAN WHITE 8/25/06 239 633 4448  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #