## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000057944

Address:

City-St-Zip:

Entity Name: MWS CONSULTANTS CORP.

COCONUT CREEK, FL 33073 US

**FILED** Apr 28, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5776 NW 49 WAY COCONUT CREEK, FL 33073 US **Current Mailing Address: New Mailing Address:** 5776 NW 49 WAY COCONUT CREEK, FL 33073 US FEI Number: 20-2708521 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SANCHEZ, MARTHA 5776 NW 49 WAY COCONUT CREEK, FL 33073 US 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 SANCHEZ, MARTHA Name: Name: 5776 NW 49 WAY Address: Address: City-St-Zip: COCONUT CREEK, FL 33073 US City-St-Zip: Title: VΡ Title: () Change () Addition () Delete Name: SANCHEZ, WILLIAM Name: 5776 NW 49 WAY Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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.

Ρ SIGNATURE: MARTHA SANCHEZ 04/28/2006