

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000071720

FILED
Mar 28, 2008
Secretary of State

Entity Name: RW MOBILE HOME SALES, INC

Current Principal Place of Business:

1234 REYNOLDS ROAD
LAKELAND, FL 33801 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1059
ORLANDO, FL 32802 US

New Mailing Address:

FEI Number: 20-3106984 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REIFF, ANDREW L
135 WEST CENTRAL BLVD
SUITE 730
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: WILLIAMS, ALEX
Address: 8775 -M CENTER PARK DRIVE NUMBER 411
City-St-Zip: COLUMBIA, MD 21045 US

Title: VP () Delete
Name: RAY, GEORGE
Address: 1844 NORTH NOB HILL ROAD
City-St-Zip: PLANTATION, FL 33322 US

Title: SEC () Delete
Name: WILLIAMS, ALEX
Address: 8775 -M CENTER PARK DRIVE NUMBER 411
City-St-Zip: COLUMBIA, MD 21045 US

Title: TREA () Delete
Name: WILLIAMS, ALEX
Address: 8775-M CENTER PARK DR
City-St-Zip: COLUMBIA, MD 21045

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: ALEX WILLIAMS

PRES

03/28/2008

Electronic Signature of Signing Officer or Director

_____ Date