

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000039061

FILED  
Apr 28, 2008  
Secretary of State

**Entity Name:** PWB DEVELOPMENT VENTURES INVESTMENT, INC.

**Current Principal Place of Business:**

5365 W COUNTY HWY 30-A - STE 105  
SEAGROVE BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

5365 W COUNTY HWY 30-A - STE 105  
SEAGROVE BEACH, FL 32459

**New Mailing Address:**

**FEI Number:** 20-4950981

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KOCHE, DAVID L  
601 BAYSHORE BLVD  
STE 700  
TAMPA, FL 33606 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:** D ( ) Delete  
**Name:** PERRY, MIKEL L  
**Address:** 303 GULF SHORE DRIVE  
**City-St-Zip:** SANTA ROSA BEACH, FL 32439

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** D (X) Change ( ) Addition  
**Name:** PERRY, MIKEL LEE  
**Address:** P O BOX 450  
**City-St-Zip:** FREEPORT, FL 32439

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:** MIKEL LEE PERRY

D

04/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date