2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000057086

Entity Name: A & W ISLAND EXPORT SUPPLY, INC.

FILED Feb 04, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

521 E. HAITI AVENUE CLEWISTON, FL 33440

Current Mailing Address: New Mailing Address:

521 E. HAITI AVENUE CLEWISTON, FL 33440

FEI Number: 26-2867047 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:

MILLER, ALBERT
521 E. HAITI AVENUE
CLEWISTON, FL 33440 US
LYNCH, PATRICIA B MRS.
1682 JOSHUA BLVD
CLEWISTON, FL 33440 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: PBL 02/04/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST () Delete Title: PRES (X) Change () Addition Name: LYNCH, PATRICIA B Name: LYNCH, PATRICIA B

Address: 521 E. HAITI AVENUE Address: 1682 JOSHUA BLVD
City-St-Zip: CLEWISTON, FL 33440 City-St-Zip: CLEWISTON, FL 33440

Title: VP () Delete Title: () Change () Addition
Name: WI ODARSKI FMANUFLA B Name:

 Name:
 WLODARSKI, EMANUELA B
 Name:

 Address:
 521 E. HAITI AVENUE
 Address:

 City-St-Zip:
 CLEWISTON, FL 33440
 City-St-Zip:

Title: () Delete Title: SEC () Change (X) Addition

 Name:
 Name:
 LYNCH, PATRICIA B MRS

 Address:
 Address:
 1682 JOSHUA BLVD

 City-St-Zip:
 City-St-Zip:
 CLEWISTON, FL 33440

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: PBL PRES 02/04/2009