
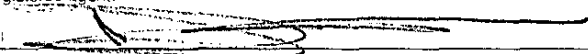
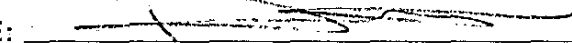


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 10, 2004 8:00 am**  
**Secretary of State**

08-10-2004 90002 017 \*\*\*558.75

<b>DOCUMENT # P93000072122</b> 1. Entity Name <b>AWIAI CORP.</b>			
Principal Place of Business <b>1459 EDWARDS DR., STE. 7 POINT ROBERTS WA 98281 US</b>		Mailing Address <b>P.O. BOX 2267 POINT ROBERTS WA 98281</b>	
2. Principal Place of Business <b>504 Tyee Dr.</b>		3. Mailing Address <b>P.O. Box 1057</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Point Roberts, WA</b>		City & State <b>Point Roberts, WA</b>	
Zip <b>98281</b>		Country <b>USA</b>	
4. FEI Number <b>65-0446213</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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.  <div style="display: flex; justify-content: space-between;"> <div>           SIGNATURE   <small>Signature, typed or printed name of registered agent and not applicable (NOTE: Registered Agent signature required when reinstating)</small> </div> <div> <b>July 30, 2004</b>  <small>DATE</small> </div> </div>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST ATKINSON, DAVID E 1459 EDWARDS DR., STE. 7 POINT ROBERTS WA 98281	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Atkinson, David P.O. Box 1057 Point Roberts, WA, 98281
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kitma, Paterson P.O. Box 1057 Point Roberts, WA, 98281
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Socorro, Ruby P.O. Box 1057 Point Roberts, WA, 98281
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>July 30, 2004</b> <b>202-448-2963</b> <small>Date Daytime Phone #</small>	