

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000014194

FILED  
Mar 02, 2007  
Secretary of State

Entity Name: CWAUW, INC.

**Current Principal Place of Business:**

13394 W. COLONIAL DR  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

13394 W. COLONIAL DR  
WINTER GARDEN, FL 34787

**New Mailing Address:**

FEI Number: 59-3225414      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WOODING, COLIN  
11139 AUTUMN WIND LOOP  
CLERMONT, FL 34711 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: PD ( ) Delete  
Name: WOODING, COLIN  
Address: 10748 ARROWTREE BLVD.  
City-St-Zip: CLERMONT, FL 34715

Title: VP ( ) Delete  
Name: WOODING, MARGARET  
Address: 10748 ARROWTREE BLVD.  
City-St-Zip: CLERMONT, FL 34715

Title: VP ( ) Delete  
Name: GRIFFIN, SUSAN  
Address: 12420 ERYN CT  
City-St-Zip: CLERMONT, FL 34711

Title: S ( ) Delete  
Name: GREEN, STEPHEN  
Address: 9046 OAK ISLAND LANE  
City-St-Zip: CLERMONT, FL 34711

Title: T ( ) Delete  
Name: WOODING, RICHARD  
Address: 11139 AUTUMN WIND LOOP  
City-St-Zip: CLERMONT, FL 34711

**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:

Title: ( ) Change ( ) Addition  
Name:  
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 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: COLIN WOODING

PD

03/02/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date