## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2005 08:00 AM Secretary of State

1. Entity Name AW HOLE	DINGS, INC.				Sec	cretary of State
1255 S. MILI SUITE 200		Mailing Address 1255 S. MILITARY TRAIL SUITE 200 DEERFIELD BEACH, FL 33442	US			
ם	O NOT WRITE	•		02112005 4. FEI Numbe 65-058	No Chg-P	CR2E034 (10/03)  Applied For Not Applicable  \$8.75 Additional Fee Required
	5. Name and Address of Current Re			<del>-                                    </del>	,	
1255 S. MI SUITE 200	N, ANDREW C LITARY TRAIL ) D BEACH, FL 33442				NOT W	
the obligati	named entity submits this statement for thions of registered agent.  Sgnature, young or printed name of registered agent and  E NOW!!! FEE IS \$150.00  ay 1, 2005 Fee will be \$550.00	tille if applicable. INOTE Registere  9. Election Campaign Finar	d Agent sigheture required		U00000	DATE  0319239 -80090-022 158.75
10,	OFFICERS AND DI	RECTORS			<del></del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PS WALDMAN, ANDREW C 1255 S. MILITARY TRAIL, SUITE 2 DEERFIELD BEACH, FL 33442 VT					
NAME STREET ADDRESS CITY-ST-ZIP	WALDMAN, ANA MARIA 1255 S. MILITARY TRAIL, SUITE 2 DEERFIELD BEACH, FL 33442					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1. ATTACAS (** tosseas = 1)		DO	м тои	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					THIS SP	PACE
NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

\*\*RNA\*\* ITAKEN\*\* Wald man.\*\*

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/05

954-418-4499