

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90294 027 ***150.00

DOCUMENT # P95000000815 1. Entity Name CWW ENTERPRISES INC					
Principal Place of Business 5350 10TH AVE N SUITE 5 LAKE WORTH, FL 33463			Mailing Address 5350 10TH AVE N SUITE 5 LAKE WORTH, FL 33463		
2. Principal Place of Business 4970 MISTY PINES TRAIL Suite, Apt. #, etc.		3. Mailing Address 4970 MISTY PINES TRAIL Suite, Apt. #, etc.			
City & State LAKE WORTH, FL. Zip 33463		City & State LAKE WORTH, FL. Zip 33463		4. FEI Number 65-0555108 Applied For <input type="checkbox"/> Not Applicable	
Country PALESTINE		Country PALESTINE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WAGNER, CHARLES W 5350 10TH AVE N SUITE 5 LAKE WORTH, FL 33463				7. Name and Address of New Registered Agent Name WAGNER, CHARLES W Street Address (P.O. Box Number is Not Acceptable) 4970 MISTY PINES TRAIL City LAKE WORTH FL Zip Code 33463	
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.					
SIGNATURE <u>CHARLES W. WAGNER</u> <u>Charles W. Wagner</u> <u>3-30-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME WAGNER, CHARLES W STREET ADDRESS 5350 10TH AVENUE NORTH, SUITE 5 CITY-ST-ZIP LAKE WORTH, FL	<input type="checkbox"/> Delete		TITLE P NAME WAGNER, CHARLES W STREET ADDRESS 4970 MISTY PINES TRAIL CITY-ST-ZIP LAKE WORTH, FL. 33463	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME WAGNER, JANET B STREET ADDRESS 5350 10TH AVENUE NORTH, SUITE 5 CITY-ST-ZIP LAKE WORTH, FL	<input type="checkbox"/> Delete		TITLE ST NAME WAGNER, JANET B STREET ADDRESS 4970 MISTY PINES TRAIL CITY-ST-ZIP LAKE WORTH, FL. 33463	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Charles W. Wagner</u> CHARLES W. WAGNER <u>3-30-06 (SG)</u> <u>965-6106</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					