## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P9500000815  1. Entity Name CWW ENTERPRISES INC							0294 027 ***1	50.00
Principal Plac 5350 10TH A SUITE 5 LAKE WORTH	AVE N	Mailing Address 5350 10TH AVE N SUITE 5 LAKE WORTH, FL 3346	53		. <u> </u>	ייבטוטן	<b>€</b>	
2. Principal P	lace of Business KISTY FINES TIZAIL	3. Mailing Address 4970 MUSTY		,				
Suite, Apt.		Suite, Apt. #, etc.	/X.E.E.BZ.=¥.FZ.		3292006	Chg-P	CR2E034 (11/0	5)
	JORTH, FL.	City & State  LAIKE WORT	u, F1.	4.	FEI Number 65-0555	108		Applied For Not Applicable
3346	S. Name and Address of Current	Zip 3346 <del>≥</del>	Country SEA	1 CN		f Status Desired	LJ Fee Req	Additional uired
*****	6. Name and Address of Current	registered Agent	Name		·····		gistored Agent	
WAGNER, CHARLES W 5350 10TH AVE N			Street A	<b>G                                    </b>	Box Number	is Not Acceptable)	<u> </u>	
SUITE 5 LAKE WO	RTH, FL 33463		4970	KK	574	PINES 7	Tredit	•
				IKE L	Wore.	T.H	FL 👺	
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or	registered a	gent, or both	, in the State of Flor	ida. I am familiar w	ith, and accept
				A		_	1	
SIGNATURE.	Signature, typed or printed name of registered agent a	and tale if applicable. (NOTE	E: Registered Agent signati	re required when	reinstating)	<u>3</u> :	30-06 DATE	<del></del>
FIL		9. Election Campai	ign Financing	re required with \$5.00 Added to	May 8e	3 :	CATE	•
FIL	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campai Trust Fund Contr	ign Financing	\$5.00 Added to	May 8e Fees		CERS AND DIRECT	ORS IN 11
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12. I hereby certify that the information supplied with this filling 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: CHAPLES W. WAGNER 3:30.06 (56) 965-6106

SIGNATURE AND TYPED OR PRINTED NAMES OF BIGHENG OFFICER OR DIRECTOR

Date Design De