


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000036973		
1. Entity Name SMW MANUFACTURING, LTD., INC.		

Principal Place of Business 2550 KIRBY AVENUE SUITE 205 PALM BAY, FL 32905 US	Mailing Address 2550 KIRBY AVENUE SUITE 205 PALM BAY, FL 32905 US
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DO NOT WRITE IN THIS SPACE



02202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3313332	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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5. Name and Address of Current Registered Agent ROOTH, SUSAN A 7913 SEMINOLE MALL EAST SEMINOLE, FL 34642
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DO NOT WRITE IN THIS SPACE

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><i>Diane Cobb</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent Signature required when resigning)	DATE <u>2/23/05</u>
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FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust: Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHN H. COBB 21 DRAKE ST EATONS NECK, NY 11768
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DIANE COBB 21 DRAKE ST EATONS NECK, NY 11768
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100000244584
12/28/05-20006-010 150.00

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.

SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>2/22/05</u>	Daytime Phone # <u>631-271-9161</u>
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