

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90030 048 ***150.00

| | | | |
|--|---|---|---------------------------------|
| DOCUMENT # P95000045645 1. Entity Name I G W, INC. | | | |
| Principal Place of Business 2160 PREMIER ROW ORLANDO, FL 32809 | | Mailing Address 2160 PREMIER ROW ORLANDO, FL 32809 | |
| 2. Principal Place of Business - No P.O. Box # 4650 DEER RUN RD <small>Suite, Apt. #, etc.</small> | | 3. Mailing Address 4650 DEER RUN RD <small>Suite, Apt. #, etc.</small> | |
| City & State SAINT CLOUD, FL Zip 34772 | | City & State SAINT CLOUD, FL Zip 34772 | |
| Country USA | | Country USA | |
| 4. FEI Number 59-3318718 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KUO, CHIH YU 2160 PREMIER ROW ORLANDO, FL 32809 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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: <i>x Chih Yu Kuo</i> 7/24/08 <small>Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY- ST- ZIP | P KUO, CHIH YU 245 STRATHMORE CIR KISSIMMEE, FL 34744 | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | VP KUO, CARSTEN 91 M007, TUMBEN NAIMAI AMPHER LADLUMKZAO, PA | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete |
| 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: <i>x Chih Yu Kuo</i> 7/24/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |