

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000009844

FILED  
Apr 05, 2005  
Secretary of State

Entity Name: ALL WAYS FORWARD ENTERPRISES, INC.

## Current Principal Place of Business:

428 SHEARER BOULEVARD  
COCOA, FL 32922

## New Principal Place of Business:

188 VIA DE LA REINA  
MERRITT ISLAND, FL 32953

## Current Mailing Address:

428 SHEARER BOULEVARD  
COCOA, FL 32922

## New Mailing Address:

188 VIA DE LA REINA  
MERRITT ISLAND, FL 32953

FEI Number: 59-3360145

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LANG, ANTHONY  
428 SHEARER BOULEVARD  
COCOA, FL 32922 US

## Name and Address of New Registered Agent:

LANG, ANTHONY P  
188 VIA DE LA REINA  
MERRITT ISLAND, FL 32953 US

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.

SIGNATURE: ANTHONY P. LANG

04/05/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PV ( ) Delete  
Name: LANG, ANTHONY  
Address: 428 SHEARER BOULEVARD  
City-St-Zip: COCOA, FL 32922

Title: D ( ) Delete  
Name: LANG, ANTHONY  
Address: 428 SHEARER BOULEVARD  
City-St-Zip: COCOA, FL 32922

Title: STD ( ) Delete  
Name: LANG, GINA  
Address: 428 SHEARER BLVD  
City-St-Zip: COCOA, FL 32922

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PV (X) Change ( ) Addition  
Name: LANG, ANTHONY  
Address: 188 VIA DE LA REINA  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D (X) Change ( ) Addition  
Name: LANG, ANTHONY  
Address: 188 VIA DE LA REINA  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: STD (X) Change ( ) Addition  
Name: LANG, GINA L  
Address: 188 VIA DE LA REINA  
City-St-Zip: MERRITT ISLAND, FL 32953

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GINA L. LANG

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04/05/2005

Electronic Signature of Signing Officer or Director

Date