


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90223 014 ***150.00

DOCUMENT # P96000032596	
1. Entity Name J W ACOUSTICS, INC.	

Principal Place of Business 3804 N ORANGE BLOSSOM TR SUITE A-9 ORLANDO, FL 32804-2735 US	Mailing Address 3804 N ORANGE BLOSSOM TR SUITE A-9 ORLANDO, FL 32804-2735 US
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14007987

2. Principal Place of Business 28239 Shirley Shores Rd Suite, Apt. #, etc.	3. Mailing Address 28239 Shirley Shores Rd Suite, Apt. #, etc.
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City & State Tavares, FL	City & State Tavares, FL	4. FEI Number 59-3374411	Applied For Not Applicable
Zip 32778	Country	Zip 32778	Country



04092005 Chg-P CR2E034 (10/03)

8. Name and Address of Current Registered Agent WALKER, JOHN G 7808 PLUNKETT DR. ORLANDO, FL 32810		7. Name and Address of New Registered Agent Name John Walker Street Address (P.O. Box Number is Not Acceptable) 28239 Shirley Shores Rd City Tavares FL Zip Code 32778	
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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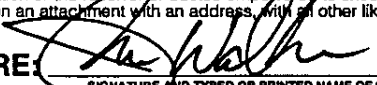
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WALKER, JOHN G 7808 PLUNKETT DR. ORLANDO, FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD John Walker 28239 Shirley Shores Rd Tavares, FL 32778 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAIN, CRAIG 7808 PLUNKETT DR. ORLANDO, FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Craig Cain 28239 Shirley Shores Rd Tavares, FL 32778 <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
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 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 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 an other like empowered.

SIGNATURE:  4/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #