


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000041051</b> 1. Entity Name KWI, INC.	
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Principal Place of Business 2415 SOUTH BABCOCK ST. SUITE B MELBOURNE, FL 32901	Mailing Address 2415 SOUTH BABCOCK ST. SUITE B MELBOURNE, FL 32901
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**DO NOT WRITE IN THIS SPACE**



03222005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3452036	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
KELLY, ROBERT P  
2415 SOUTH BABCOCK  
SUITE B  
MELBOURNE, FL 32901

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLY, ROBERT P 2415 SOUTH BABCOCK, SUITE B MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KELLY, GREGORY W 2415 SOUTH BABCOCK, SUITE B MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROHRBACH, MARIAN 2415 SOUTH BABCOCK, SUITE B MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KELLY, EDWARD J 2415 SOUTH BABCOCK, SUITE B MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000337961  
04/28/05-80016-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:    
SIGNATURE AND TYPED OR PRINTED NAME OF NAMING OFFICER OR DIRECTOR Date: 4/28/05 Daytime Phone # \_\_\_\_\_