

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000046217

Entity Name: MAXWELL INCORPORATED

FILED
Jun 24, 2005
Secretary of State

Current Principal Place of Business:

902 NE 19TH AVENUE
FT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

902 NE 19TH AVENUE
FT LAUDERDALE, FL 33304

New Mailing Address:

209 WEST WASHINGTON STREET
LEWISBURG, WV 24901

FEI Number: 65-0758199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAXWELL, MONICA C
1104 GUAVA ISLE
FT LAUDERDALE, FL 33315 US

Name and Address of New Registered Agent:

MAXWELL, MONICA C
208 HOLT LANE
LEWISBURG, FL 24901 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:

Electronic Signature of Registered Agent

06/24/2005

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAXWELL, MONICA
Address: 1104 GUAVA ISLE
City-St-Zip: FORT LAUDERDALE, FL 33315

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MAXWELL, MONICA
Address: 208 HOLT LANE
City-St-Zip: LEWISBURG, WV 24901

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: MONICA MAXWELL

P

06/24/2005

Electronic Signature of Signing Officer or Director

Date