

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000057565**  
 1. Entity Name  
**S R W FIREWORKS, INC.**



Principal Place of Business      Mailing Address  
**8718 ROBINWOOD CR.**      **8718 ROBINWOOD CR.**  
**MILTON, FL 32583**      **MILTON, FL 32583**

**DO NOT WRITE IN THIS SPACE**



03282006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-3492604**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**PITTMAN, MARVIN**  
**3650 BOB TOLBERT RD**  
**NAVARRE, FL 32566**

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT OLIVER, MICHAEL 8718 ROBINWOOD CIR. MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OLIVER, CHASTITY 8718 ROBINWOOD CIR. MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/26/06-80039-013 150.00

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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: Michael Oliver      **Michael Oliver**      4-1-06      850-983-7733  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #