

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000080315

**FILED  
Apr 24, 2007  
Secretary of State**

Entity Name: HWL INC.

**Current Principal Place of Business:**

PO BOX 620190  
OVIEDO, FL 32762

**New Principal Place of Business:**

2879 SAND BLUFF COVE  
OVIEDO, FL 32765

**Current Mailing Address:**

PO BOX 620190  
OVIEDO, FL 32762

**New Mailing Address:**

FEI Number: 59-3470759      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LABITA, AMY  
2879 SAND BLUFF COVE  
OVIEDO, FL 32765 US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LABITA, WILLIAM  
Address: 2879 SAND BLUFF AVE  
City-St-Zip: OVIEDO, FL 32765

Title: C ( ) Delete  
Name: LABITA, AMY  
Address: 2879 SAND BLUFF AVE  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: AMY LABITA

C

04/24/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date