

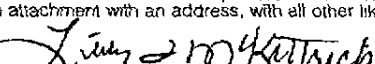


FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000107616 1. Entity Name PWT, INC.				Feb 03, 2006 08:00 AM Secretary of State	
Principal Place of Business 1999 NE LIVINGSTON STREET ARCADIA FL 34266		Mailing Address 1999 NE LIVINGSTON STREET ARCADIA FL 34266			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)	
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3483986 Applied For Not Applicable	
6. Name and Address of Current Registered Agent TURNER, PHILIP W 1999 NE LIVINGSTON STREET ARCADIA FL 34266		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. 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, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD TURNER, PHILIP W 1999 NE LIVINGSTON ST ARCADIA FL 34266 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP 02/14/06-80009-006 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP VD TURNER, SHIRLEY F 1999 NE LIVINGSTON ST ARCADIA FL 34266 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP 02/14/06-80009-006 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP STD MCKETTRICK, LIBBY T 1922 NE LIVINGSTON ST ARCADIA FL 34266 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP 02/14/06-80009-006 <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 exemptions contained in Section 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:  Libby T. McKettrick 2-2-2006 863-494-3700					