

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90066 021 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P98000062502 1. Entity Name SOUTHWEST INNOVATIONS INC.	
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40006206

Principal Place of Business 11220 METRO PKWY SUITE 21 FORT MYERS, FL 33912	Mailing Address 11220 METRO PKWY SUITE 21 FORT MYERS, FL 33912
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2. Principal Place of Business - No P.O. Box # <i>11220 Metro pkwy</i> Suite, Apt. #, etc. <i>Suite 21</i> City & State <i>Fort Myers, Fl.</i> Zip <i>33966</i> Country <i>Lee</i>	3. Mailing Address <i>11220 metro pkwy</i> Suite, Apt. #, etc. <i>Suite 21</i> City & State <i>Fort Myers, Fl.</i> Zip <i>33966</i> Country <i>Lee</i>
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01162007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent WARREN, RICK 11220 METRO PKWY SUITE 21 FT. MYERS, FL 33912	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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4. FEI Number 65-0851510	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V WARREN, RICKY D II	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, RICKY D II		NAME		
STREET ADDRESS	5463 N PETERSON RD.		STREET ADDRESS		
CITY-ST-ZIP	SEDALIA, CO 80135		CITY-ST-ZIP		
TITLE	PRES	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, RICKY D		NAME		
STREET ADDRESS	11220-21 METRO PKWY		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL 33912		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Ricky D Warren* Date: 1.22.07 Daytime Phone #: 239.939.1817