_2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 11, 2007 08:00 AN DOCUMENT # P98000088267 **Secretary of State** 1. Entity Name HGW PROPERTIES, INC. Principal Place of Business Mailing Address % 2700 FIRST AVENUE NORTH 2560 GULF TO BAY BLVD., #200 ST. PETERSBURG, FL 33713 CLEARWATER, FL 33765 01032007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3544043 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DENHARDT, JAMES W DO NOT WRITE 2700 1ST AVE. NO. ST. POETERSBURG, FL 33713 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE WERNER, HANS G STREET ADDRESS 16400 GULF BLVD.,#805 CITY-ST-ZIP REDINGTON BEACH, FL 33708 11000000582332 TITLE '01/11/07-80027-019 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAKE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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:

STREET ADDRESS
CITY-ST-ZIP

SIGNATURE MID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-09.07

FILED