

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000060454

Entity Name: DALWIX, INC.

FILED
Aug 29, 2005
Secretary of State

Current Principal Place of Business:

7818 INDIAN RIDE TRAIL SOUTH
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

7818 INDIAN RIDE TRAIL SOUTH
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 59-3582510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DALTON, THOMAS C
7818 INDIAN RIDE TRAIL SOUTH
KISSIMMEE, FL 34741 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WIXTED, PAUL J
Address: 3401 E PERSHING AVE
City-St-Zip: ORLANDO, FL 32812

Title: VD (X) Delete
Name: DALTON, THOMAS C JR
Address: 7818 INDIAN RIDGE TR S
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DALTON, THOMAS C JR
Address: 7818 INDIAN RIDGE TR S
City-St-Zip: KISSIMMEE, FL 34741

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 Section 119.07(3)(i), 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: THOMAS C DALTON JR

PRES

08/29/2005

Electronic Signature of Signing Officer or Director

Date