## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2005 08:00 AM Secretary of State

ANNUAL REPORT					Secretary of State					
DOCUMENT # P9900061132  1. Entity Name R. W. R. PRODUCTIONS, INC.						Secret	ary of S	)lai	ie	
Principal Plac	a of Rusinose	Mailing Addrage	Mailing Address							
Principal Place of Business		•	•							
512 LAKE SHORE DR. MAITLAND, FL 32751		512 LAKE SHORE DR.								
MALILAND, F	L 32/51	MAIILAND, FL 32/51	MAITLAND, FL 32751			INDIN 1801 NESTA NODIC NES	II <b>ku</b> ii <b>a a</b> isu) iiaa kaal		( <b>311</b> )	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03302005	Chg-P	CR2E034 (10			
City & State		City & State			4. FEI Number 59-3655			No	plied For t Applicable	
Zip	Country	Zip	Coun	try	ļ <u></u>	of Status Desired	Fee R	5 Add equired	itional i	
·	6. Name and Address of Curre	ent Registered Agent			/, Name and /	Address of New R	egistered Agent		- <del> </del>	
				Name						
CRAGO, J. 512 LAKE SHORE DR. MAITLAND, FL 32751				Street Address (P.O. Box Number is Not Acceptable)						
				City			FL Z	p Code	<del></del>	
							<u> </u>			
	named entity_submits this statement ons of registered agent.	at for the purpose of changing its	register	ed office or register	ed agent, or both	, in the State of Flo	rida. I am familia	r with, a	and accept	
SIGNATURE	Signature, typed or printed name of registered as	pent and title if applicable (NOT	E Registere	d Agent signalure required	when reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$55	9. Election Campa Trust Fund Con			.00 May Be ed to Fees		-		-	
10.	OFFICERS A	ND DIRECTORS	11.		ADDITIÓNS/C	HANGES TO OFF	ICERS AND DIREC	CTORS	3N 11	
TITLE	D	☐ Delete	TITLE		····		Ct	nange	Addition	
NAME	BLACK, T.		NAM	E						
STREET ADDRESS	512 LAKE SHORE DR.		STRE	ET ADDRESS						
CITY-ST-ZIP	MAITLAND, FL 32751		1	- ST- ZIP						
			_						- Admini	
TITLE		☐ Delete	TITLE	}		Linnaa		lange	Addition	
NAME			NAM	- I			10353525 1–80069–02			
STREET ADDRESS				ET ADDRESS		05/03/05	-80063-02	1 15	50 <b>.</b> 00	
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		☐ Delete	TITLE				☐ Ch	апре	☐ Addition	
NAME			NAMI							
STREET ADDRESS			STRE	ET ADDRESS						
CITY -ST-ZIP			CITY	ST-ZIP						
TITLE		☐ Delete	TITLE					апде	Addition	
NAME			NAM	:			_	•	_	
STREET ADDRESS			STRE	ET ADDRESS						
CITY-ST-ZIP			CITY-	-ST-ZIP						
TITLE		☐ Delete	TITLE					12006	☐ Addition	
NAME		□ Octore	NAME				الباد الـــــــــــــــــــــــــــــــــــ	- W		
STREET ADDRESS			1	ET ADDRESS						
CITY+ST-ZIP				-ST-ZIP						
TITLE		[Table			<del></del>	· · · · <del></del>		2006	☐ Addition	
NAME	l	Delete	TITLE	1			☐ Ch	ជាប្រជ	☐ Addition	
STREET ADDRESS			NAME							
CITY-ST-ZIP			9	T ADDRESS						
				ST- ZIP		<del></del>	<del> </del>			
12. Thereby of indicated of the corp	ertify that the information supplied v on this report or supplemental repo poration or the receiver or trustee e	wth this filing does not qualify fo it is true and accurate and that r inpowered to execute this report	r the exer ny signat as requir	nption stated in Se ure shall have the a ed by Chapter 607	ction 119.07(3)(i), same legal effect , Florida Statutes:	, Fiorida Statutes. I as if made under o , and that my name	further certify that ath; that I am an de appears in Block	t the int officer of 10 or	formation or director Block 11 if	
changed.	or on an attachment with an address	s/with an other like empowered							ì	