2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000091916

SUWANNEE, FL 32692

City-St-Zip:

FILED Jan 06, 2009 Secretary of State

Entity Nar	me: K.W.T. ⊢	IOLDINGS, INC.			
Current P	rincipal Place	e of Business:	New Principal Place of	Business:	
P.O. BOX 313 SUWANNEE, FL 32692			40 S.E. 218 ST SUWANNEE, FL 32692		
Current M	ailing Addre	ss:	New Mailing Address:		
P.O. BOX : SUWANNI	313 EE, FL 32692				
FEI Number:	: 59-3605205	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
500 S. FIA	AL ADAMS JR AVE, STE 80 D, FL 33801		AIRTH, HAL ADAMS JR 500 S. FIA AVE, STE 300 LAKELAND, FL 33801		
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered o	ffice or registered agent, or both,	
SIGNATURE:				01/06/2009	
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (TRJUILLO, KA PO BOX 313 SUWANNEE, F		Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address:	CEO (TRUJILLO, DA PO BOX 313) Delete NIEL J	Title: () Name: Address:	Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: KATHRYN W. TRUJILLO Ρ 01/06/2009