

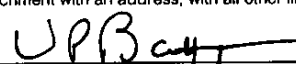


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90144 035 \*\*\*150.00

<b>DOCUMENT # S23729</b> 1. Entity Name <b>RWI, INC.</b>					
Principal Place of Business <b>250 SOUTH PARK AVE SUITE 630 WINTER PARK, FL 32789 US</b>			Mailing Address <b>P. O. BOX 3010 WINTER PARK, FL 32790-3010 US</b>		
2. Principal Place of Business <b>250 Park Avenue South</b>		3. Mailing Address Suite, Apt. #, etc. <b>Suite 630</b>			
City & State <b>Winter Park, FL</b>		City & State <b>Winter Park, FL</b>		4. FEI Number <b>59-3041807</b>	
Zip <b>32789</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BATTAGLIA, W.P. 250 SOUTH PARK AVE SUITE 630 WINTER PARK, FL 32789</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>250 Park Avenue South</b> Suite 630 City <b>Winter Park, FL</b> Zip Code <b>32789</b>	
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: <u></u> DATE: <u>04/24/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BATTAGLIA, R.E. P.O. BOX 3010 WINTER PARK, FL 32790	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST BATTAGLIA, W.P. P.O. BOX 3010 WINTER PARK, FL 32790	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS BUTTS, A B P.O. BOX 3010 WINTER PARK, FL 32790	<input type="checkbox"/> Delete			
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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: <u></u> <b>W.P. Battaglia</b> Date: <u>04/24/06</u> Daytime Phone #: <u>407-622-1700</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

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