2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 24, 2004 08:00 AM. **Secretary of State** DOCUMENT # V21849 1. Entity Name MAWW, INC. Principal Place of Business Mailing Address 8371 WATERFORD CIRCLE 8371 WATERFORD CIRCLE TAMARAC, FL 33321 TAMARAC, FL 33321 CR2E034 (10/03) 03152004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0322584 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent REINHARD, SANFORD N DO NOT WRITE 2875 NE 191 STREET SUITE 404 IN THIS SPACE NO MIAMI BEACH, FL 33180 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. \$5.00 May Be U00000095254 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 03/24/04-80024-019 150.00 OFFICERS AND DIRECTORS 18. BRE REINHART, GEORGE NAME STREET ADDRESS 8371 WATERFORD CIRCLE CHY-ST-ZIP TAMMARAC, FL 33321 T(7) F NAME STREET ADDRESS CHY-SY-7/P TITLE NAME STREET ADDRESS DO NOT WRITE CETY-ST-78 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME

12. It horeby certify that the information supplied with this filing does not qualify 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 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

STREET ADDRESS CITY-ST-7/P BILLE NAME STREET ADDRESS CITY-SI-ZIP

WILL LUC DY

154-960-1447

FILED