


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # V21849	
1. Entity Name MAWW, INC.	

Principal Place of Business 8371 WATERFORD CIRCLE TAMARAC FL 33321	Mailing Address 8371 WATERFORD CIRCLE TAMARAC FL 33321
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 65-0322584		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REINHARD, SANFORD N 2875 NE 191 STREET SUITE 404 NO MIAMI BEACH FL 33180	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reappointing) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME REINHART, GEORGE	TITLE	NAME 1100000258947
STREET ADDRESS 8371 WATERFORD CIRCLE	CITY - ST - ZIP TAMMARAC FL 33321	STREET ADDRESS	CITY - ST - ZIP 03/11/05-80003-018 150.00
TITLE <input type="checkbox"/> Delete	NAME	TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: S. Reinhart G. Reinhart 3/9/05 954-960-1447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #