

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90498 008 ***150.00

DOCUMENT # P04000127105
 1. Entity Name
 ACWS TECHNOLOGIES, INC.



Principal Place of Business
 1845 MERION LANE
 CORAL SPRINGS, FL 33071

Mailing Address
 1845 MERION LANE
 CORAL SPRINGS, FL 33071

20053843



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

04202005 Chg-P CR2E034 (10/03)

4. FEI Number
 90-0198495

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PEDERSEN, ERLING
 1845 MERION LANE
 CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME PEDERSEN, ERLING STREET ADDRESS 1845 MERION LANE CITY - ST - ZIP CORAL SPRINGS, FL 33071	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <i>Treasurer</i> <input type="checkbox"/> Delete	NAME <i>Carsten Tilm</i> STREET ADDRESS <i>1845 Merion Lane</i> CITY - ST - ZIP <i>Coral Springs, Fl. 33071</i>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <i>Secretary</i> <input type="checkbox"/> Delete	NAME <i>Lena Pedersen</i> STREET ADDRESS <i>1845 Merion Lane</i> CITY - ST - ZIP <i>Coral Springs, Fl. 33071</i>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby 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.

SIGNATURE: Lena Pedersen Lena Pedersen 4.28.-05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #