## **2007 FOR PROFIT CORPORATION**

## Apr 16, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P04000099710 1. Entity Name PW INDUSTRIES, INC. Principal Place of Business Mailing Address 1249 SOUTHWEST 117TH WAY 1249 SOUTHWEST 117TH WAY FORT LAUDERDALE, FL 33325 FORT LAUDERDALE, FL 33325 CR2E034 (11/05) 04082007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2469101 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHULTZ, WENDY L DO NOT WRITE 1249 SOUTHWEST 117TH WAY FORT LAUDERDALE, FL 33325 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PST TITLE NAME SCHULTZ, WENDY L STREET ADDRESS 1249 SOUTHWEST 117TH WAY FORT LAUDERDALE, FL 33325 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

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FILED

12. I hereby certify that the information supplied with this filling 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 owered.

G OFFICER OR DIRECTOR

wendy L.Schultz

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THILE

NAME

STREET ADDRESS CITY-ST-7IP

Daytime Phone #