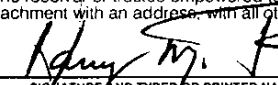


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90833 024 ***158.75

DOCUMENT # P05000014943 1. Entity Name F4W, INC.					
Principal Place of Business 103 COMMERCE ST, SUITE 100 LAKE MARY, FL 32746 US			Mailing Address 103 COMMERCE ST, SUITE 100 LAKE MARY, FL 32746 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 02-0739497 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				03272007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent TIMMONS, HARRY M 103 COMMERCE ST, SUITE 100 LAKE MARY, FL 32746			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) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	DP TIMMONS, HARRY M 103 COMMERCE ST, SUITE 100 LAKE MARY, FL 32746	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRICK CALLAHAN 103 COMMERCE ST, SUITE 100 LAKE MARY, FL 32746	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOD MONEY, JAMES K 103 COMMERCE ST, SUITE 100 LAKE MARY, FL 32746	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/T/S THAD BYDLON 103 COMMERCE ST, SUITE 100 LAKE MARY, FL 32746	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPERRY, CHARLES 103 COMMERCE ST, SUITE 100 LAKE MARY, FL 32746	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEEP, NORMAN 103 COMMERCE ST, SUITE 100 LAKE MARY, FL 32746	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO EDWARDS, ALLAN M 103 COMMERCE ST, SUITE 100 LAKE MARY, FL 32746	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: 			HARRY M. TIMMONS 4/27/07 (407) 804-1020		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		