2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #741782

FILED May 18, 2006 8:00 am Secretary of State 05-18-2006 90016 003 ****61.25

1. Entity Name TWO BY	TWO, INC.						-18-2000 900	10 003	01.23
Principal Place of Business 3435 10TH STREET NORTH #301 C/O RICHARD GORGA NAPLES, FL 34103 US			Mailing Address 3435 10TH STREET NORTH #301 C/O RICHARD GORGA NAPLES, FL 33942 US			1 1700 1000 6100			41 0 4811101 81 1181
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04052006 Ch	ng-NP C	R2E037 (11/0	05)
City & State		C	City & State			4. FEI Number 59-198834	59-1988343 Not Applicable		
Zip	. Country	Z	ip	Count		5. Certificate of Sta	atus Desired [□ \$8.75 Fee Rec	Additional puired
· · -	6. Name and Address of Cur	rent Register	ed Agent		Name	7. Name and Addi	ress of New Regist	tered Agent	
BRAUN, MARY REZNOR 197 SILVERADO DRIVE NAPLES, FL 34119					Street Address (P.O. Box Number is Not Acceptable)				
					City			FL Zip	Code
8. The above the obligati	named entity submits this stateme ons of registered agent.	nt for the purp	ose of changing its re	gistered	I office or regist	ered agent, or both, i n	the State of Florida.	1	rith, and accept
SIGNATURE -	Signature, typed or printed name of registered			. Do alous u					
	Signature, typed or printed flame of registered	agentano pre v	1			quired when renstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2006 9. Election Campaigner Trust Fund Contr						\$5.00 May Be Added to Fees	Added to Fees Florida Department of State		
10.	OFFICERS AND DIRECTORS PD Delete					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Addition			
NAME STREET ADDRESS CITY+ST-ZIP	FORD, ELINOR 2088 ALAMANDA DR NAPLES, FL				i i				ngs () Abbation
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT BRAUN, MARY STEVERADO DRIVE NAPLES, FL 34119	Sal Sal	amerina 1 brien	STR	AE EET ADDRESS	4980 Tamarin Naples, FL		∑g Cha	nge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MELLINGER, ED C/O 2096 ALAMANDA DRIV NAPLES, FL 34102	Æ	☐ Defete		E	napres, pr	,),),(1 , <u>1</u> , .7	☐ Cha	nge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Ch2	nge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Cha	nge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete					☐ Cha	nge 🔲 Addition
l indicated	/ SIGNATURE AND TYP	ort is true and empowered to ass, with all of	accurate and that my execute this report as her like empowered.	signatus require	ire shall have the dod by Chapter 6	e same legal effect as	if made under oath:	ner certify that the that I am an off pears in Block 1	icer or director 0 or Block 11 if
	Mary	K.	braun						161