

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000003829

FILED
Apr 14, 2010
Secretary of State

Entity Name: TW ACQUISITIONS, INC.

Current Principal Place of Business:

4905 WEST LAUREL STREET
SUITE 100
TAMPA, FL 336073826 US

New Principal Place of Business:

4900 N. SCOTTSDALE ROAD
SUITE 2000
SCOTTSDALE, AZ 85251 US

Current Mailing Address:

4905 WEST LAUREL STREET
SUITE 100
TAMPA, FL 336073826 US

New Mailing Address:

4900 N. SCOTTSDALE ROAD
SUITE 2000
SCOTTSDALE, AZ 85251 US

FEI Number: 65-1067155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VT
Name: EVANS, CHARLES D II
Address: 4900 N SCOTTSDALE RD SUITE 2000
City-St-Zip: SCOTTSDALE, AZ 85251 US

Title: DP
Name: STEFFENS, LOUIS E
Address: 4905 WEST LAUREL STREET SUITE 100
City-St-Zip: TAMPA, FL 33607 US

Title: AS
Name: MERRILL, S. TODD
Address: 4905 WEST LAUREL STREET SUITE 100
City-St-Zip: TAMPA, FL 33607 US

Title: DV
Name: MILLER, DOUGLAS D
Address: 4905 WEST LAUREL STREET SUITE 100
City-St-Zip: TAMPA, FL 33607 US

Title: V
Name: CORLEY, DAVID M
Address: 4900 N SCOTTSDALE RD SUITE 2000
City-St-Zip: SCOTTSDALE, AZ 85251 US

Title: AS
Name: ESTRADA, CAROLINE G
Address: 4900 N SCOTTSDALE RD SUITE 2000
City-St-Zip: SCOTTSDALE, AZ 85251 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: S. TODD MERRILL

AS

04/14/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date