2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachm

SIGNATURE:

Apr 17, 2008 8:00 am Secretary of State **DOCUMENT # P07000053808** 04-17-2008 90018 011 ***158.75 TWD ENTERPRISES, INC. Principal Place of Business Mailing Address 2448 SE 10 COURT 2448 SE 10 COURT POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEPRETORO, THOMAS W 2448 SE 10 COURT Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH, FL 33062 1 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution П Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE ☐ Change ☐ Addition NAME DEPRETORO, THOMAS W NAME STREET ADDRESS 2448 SE 10 COURT STREET ADDRESS CITY-SI-ZIP POMPANO BEACH, FL 33062 CITY-ST-ZIP ms ☐ Delete TITLE ☐ Change Addition NAME DEPRETORO, CHERYL F NAME STREET ADDRESS 2448 SE 10 COURT STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33062 CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify to 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 of 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