

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000097891

Entity Name
TRANSWORLD CREATIVE COMMUNICATIONS, INC.



Principal Place of Business
**1015 W SPRUCE ST
 TAMPA, FL 33607**

Mailing Address
**4115 W SPRUCE ST
 TAMPA, FL 33607**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3608025	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

**DODWIN, JAMES W
 100 NORTH TAMPA ST., STE. 2300
 TAMPA, FL 33602**

**DO NOT WRITE
 IN THIS SPACE**

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be
 Added to Fees

OFFICERS AND DIRECTORS

NAME	DPST GLASS, A.L. SKIP II
ADDRESS	4115 W SPRUCE ST
CITY-STATE-ZIP	TAMPA, FL 33607
TITLE	
ADDRESS	
CITY-STATE-ZIP	
TITLE	
ADDRESS	
CITY-STATE-ZIP	
TITLE	
ADDRESS	
CITY-STATE-ZIP	

00000398089
 01/30/06-80080-021 150.00

**DO NOT WRITE
 IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/06 813 876 8611
 Date Daytime Phone #