


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90276 022 \*\*\*150.00

DOCUMENT # S45146  
 1. Entity Name  
 TRANSWORLD HOLDINGS, INC.



Principal Place of Business  
 2150 BREngle AVENUE  
 ORLANDO, FL 32808-5630

Mailing Address  
 2150 BREngle AVENUE  
 ORLANDO, FL 32808-5630

2. Principal Place of Business  
 1260 McNeil Woods PL  
 Suite, Apt. #, etc.

3. Mailing Address  
 1260 McNeil Woods PL  
 Suite, Apt. #, etc.

City & State  
 Altamonte Springs, FL  
 Zip 32714  
 County Seminole

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 Altamonte Springs, FL  
 Zip 32714  
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04162005 Chg-P CR2E034 (10/03)

4. FEI Number  
 59-3064830 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent  
 CIESLAK, RICHARD  
 1260 MCNEIL WOODS PL  
 ALTAMONTE SPRINGS, FL 32714

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	D	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	OROPEZA, FRANK C.			NAME			
STREET ADDRESS	2150 BREngle AVENUE			STREET ADDRESS	3881 Emerald Estates Circle		
CITY-ST-ZIP	ORLANDO, FL			CITY-ST-ZIP	Apopka, FL 32703		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	OROPEZA, ANNE S.			NAME			
STREET ADDRESS	2150 BREngle AVENUE			STREET ADDRESS	1505 Emerald Isle Pt		
CITY-ST-ZIP	ORLANDO, FL			CITY-ST-ZIP	Apopka, FL 32703		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	OROPEZA, FRANK W.			NAME			
STREET ADDRESS	2150 BREngle AVENUE			STREET ADDRESS	3881 Emerald Estates Circle		
CITY-ST-ZIP	ORLANDO, FL			CITY-ST-ZIP	Apopka, FL 32703		
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DEVERALL, ROBERT M.			NAME			
STREET ADDRESS	2150 BREngle AVENUE			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CIESLAK, RICHARD			NAME			
STREET ADDRESS	1260 MCNEIL WOODS PL			STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Richard J Cieslak Date: 4-14-05 Daytime Phone #: (407) 286-0427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR