


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 APR 16 PM 2: 06

<b>DOCUMENT # P03000058399</b> 1. Entity Name <b>UNCLE'S V-TWIN INC.</b>	
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Principal Place of Business <b>800 SOUTH BISCAYNE RIVER DR MIAMI, FL 33169</b>	Mailing Address <b>8875 GRISSOM PKWY COCOA, FL 32927</b>
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2. Principal Place of Business - No P.O. Box # <b>2030 N.W. 119th ST Suite, Apt. #, etc. 1202 City &amp; State Miami FL Zip 33167 Country DADE</b>	3. Mailing Address <b>2030 N.W. 119th ST Suite, Apt. #, etc. 1202 City &amp; State Miami FL Zip 33167 Country DADE</b>
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04162007	Chg-P	CR2E034 (12/06)
4. FEI Number <b>14-1887792</b>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent  <b>CALDWELL, STANLEY B 8875 GRISSOM PARKWAY COCOA, FL 32927</b>	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>2030 N.W. 119th ST # 1202 City Miami FL Zip Code 33167</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CALDWELL, STANLEY B</b> <input type="checkbox"/> Delete <b>8875 GRISSOM PKWY</b> <b>COCOA, FL 32927</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2030 N.W. 119th ST #1202</b> <b>Miami FL 33167</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>PRES. DENISE SWICET</b> <b>2030 NW 119 ST #1202</b> <b>MIAMI FL 33167</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200096997192</b> <b>04/17/07--01001--010 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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: Stanley Birch Caldwell 4/16/2007 786)299-4043

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #