

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000003866

**Entity Name:** TWILIGHTLIVING.COM, INC.**Current Principal Place of Business:**13808 F ST  
OMAHA, NE 68137**Current Mailing Address:**13808 F ST  
OMAHA, NE 68137**FEI Number:** 91-2008863**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	CEO, DIRECTOR
Name	SENSOR, WAYNE
Address	13808 F ST
City-State-Zip:	OMAHA NE 68137

Title	CFO, DIRECTOR
Name	CHAMBERS, STEVE
Address	13808 F ST
City-State-Zip:	OMAHA NE 68137

Title	DIRECTOR
Name	CASSLING, MIKE
Address	13808 F ST
City-State-Zip:	OMAHA NE 68137

Title	DIRECTOR
Name	SALEM, KYLE
Address	13808 F ST
City-State-Zip:	OMAHA NE 68137

Title	PRESIDENT
Name	CASTILLO, LUIS
Address	13808 F ST
City-State-Zip:	OMAHA NE 68137

*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:** STEVEN R CHAMBERS

CFO

01/22/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date