


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90025 027 ***158.75

DOCUMENT # 365333 1. Entity Name TWRM, INC.																																																																									
Principal Place of Business 3733 UNIVERSITY BLVD., W. SUITE 110, P.O. BOX 4 JACKSONVILLE, FL 32201		Mailing Address 3733 UNIVERSITY BLVD., W. SUITE 110, P.O. BOX 4 JACKSONVILLE, FL 32201																																																																							
2. Principal Place of Business 10 South Newman Street Suite, Apt. #, etc. Suite 1 City & State Jacksonville, FL Zip 32202		3. Mailing Address 10 South Newman Street Suite, Apt. #, etc. Suite 1 City & State Jacksonville, FL Zip 32202																																																																							
6. Name and Address of Current Registered Agent TOMBERLIN, M.C. 3733 UNIVERSITY BLVD WEST JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Donald S. Rosenberg Street Address (P.O. Box Number is Not Acceptable) Suite 3050, One S.E. Third Avenue City Miami																																																																							
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 <i>Donald S. Rosenberg</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when re-registering)</small>		DATE Jan 26 2004																																																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																							
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY - ST - ZIP</td> <td style="width:10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td>PD TOMBERLIN, M C</td> <td>3733 UNIVERSITY BLVD W</td> <td>JACKSONVILLE, FL</td> <td></td> </tr> <tr> <td></td> <td>SD REYNOLDS, MARY L</td> <td>3733 UNIVERSITY BLVD. W</td> <td>JACKSONVILLE, FL</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete <input type="checkbox"/>		PD TOMBERLIN, M C	3733 UNIVERSITY BLVD W	JACKSONVILLE, FL			SD REYNOLDS, MARY L	3733 UNIVERSITY BLVD. W	JACKSONVILLE, FL																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY - ST - ZIP</td> <td style="width:10%; text-align: right;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>3235 Front Street</td> <td>Jacksonville, FL 32257</td> <td></td> </tr> <tr> <td></td> <td></td> <td>2683 Green Street</td> <td>Jacksonville, FL 32204</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>			3235 Front Street	Jacksonville, FL 32257				2683 Green Street	Jacksonville, FL 32204																					
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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: <i>M.C. Tomberlin</i> Pres. <i>Jan 26 2004 305 358 2600</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																									



01262004 Chg-P CR2E034 (10/03)

4. FEI Number 59-1317895	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

SPEAK TO DONALD S. ROSENBERG