

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 365333

Entity Name: TWRM, INC.

FILED
Feb 19, 2009
Secretary of State

Current Principal Place of Business:

10 SOUTH NEWMAN STREET
STE 1
JACKSONVILLE, FL 32202

Current Mailing Address:

10 SOUTH NEWMAN STREET
STE 1
JACKSONVILLE, FL 32202

New Principal Place of Business:

C/O PATRICE J. WOLFSON
10205 COLLINS AVENUE, #509
BAL HARBOUR, FL 33154

New Mailing Address:

C/O PATRICE J. WOLFSON
10205 COLLINS AVENUE, #509
BAL HARBOUR, FL 33154

FEI Number: 59-1317895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROSENBERG, DONALD S
STE 3050, ONE S.E. THIRD AVENUE
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

ROSENBERG, DONALD S
STE 3100, ONE S.E. THIRD AVENUE
MIAMI, FL 33131 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:

02/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TOMBERLIN, M C,
Address: 3235 FRONT ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: SD () Delete
Name: REYNOLDS, MARY L,
Address: 2683 GREEN STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: VPD (X) Delete
Name: WOLFSON, PATRICE J
Address: 10205 COLLINS AVE. #509
City-St-Zip: MIAMI BEACH, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TOMBERLIN, M C,
Address: 3235 FRONT ROAD
City-St-Zip: JACKSONVILLE, FL 32257

Title: VPD (X) Change () Addition
Name: WOLFSON, PATRICE J
Address: 10205 COLLINS AVE. #509
City-St-Zip: MIAMI BEACH, FL 33154

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PATRICE J. WOLFSON

VP

02/19/2009

Electronic Signature of Signing Officer or Director

Date