

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 365333

Entity Name: TWRM, INC.

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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 3100, ONE S.E. THIRD AVENUE  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

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: PATRICE J. WOLFSON

VP

01/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date