

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


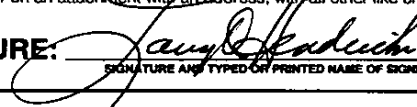
**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90031 050 \*\*\*150.00

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01262005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # 535844</b>			
1. Entity Name TUWAL INVESTMENTS, INC.			
Principal Place of Business 2826 BROADWAY #201 WEST PALM BEACH, FL 33404		Mailing Address 2800 BROADWAY RIVIERA BEACH, FL 33404	
2. Principal Place of Business		3. Mailing Address 2826 Broadway	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 201	
City & State		City & State Riviera Beach FL	
Zip	Country	Zip 33404	Country
4. FEI Number 59-1753713		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HENDRICKS, LARRY D. 2826 BROADWAY STE. 201 RIVIERA BEACH, FL 33404		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENDRICKS, LARRY D. <input type="checkbox"/> Delete 8030-154TH RD. N PALM BEACH GARDENS, FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST HENDRICKS, GAYLORD E. <input type="checkbox"/> Delete 19697 N RIVERSIDE DR. JUPITER, FL 33469	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDRICKS, NANCY J. <input type="checkbox"/> Delete 19697 N RIVERSIDE DR. JUPITER, FL 33469	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
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 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: 		1/31/05 561-848-4331	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	