


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 825463 1. Entity Name TRANS WORLD ASSURANCE COMPANY	
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Principal Place of Business 885 SOUTH EL CAMINO REAL SAN MATEO, CA 94402	Mailing Address 885 SOUTH EL CAMINO REAL SAN MATEO, CA 94402
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DO NOT WRITE IN THIS SPACE



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number 94-1567745	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

SOUTHERLAND, L.B.
3815 LYNN ORA DR.
PENSACOLA, FL

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WOODBURY, B.J. 9171 TOWNE CENTER DR. SAN DIEGO, CA 92122
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ROYALS, N.E. 4060 BARRANCAS AVENUE PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROYALS, C.B. 800 26TH AVENUE SAN MATEO, CA 94402,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C BARTLETT, EARL JR 1817 CANYON OAK COURT SAN MATEO, CA 94402,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T VROOMAN, M. A 4060 BARRANCAS AVE PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HESS, M. 4060 BARRANCAS AVE. PENSACOLA, FL

**DO NOT WRITE
IN THIS SPACE**

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02/24/05-80084-001 150.00

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: Mary A. Vrooman 1/30/05 (850) 456-7401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mary A. Vrooman, Treasurer Date Daytime Phone #