


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 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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01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-1567745	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOODBURY, B.J. 9171 TOWNE CENTER DR. SAN DIEGO, CA 92122
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROYALS, N.E. 4060 BARRANCAS AVENUE PENSACOLA, FL 32507
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROYALS, C.B. 800 26TH AVENUE SAN MATEO, CA 94402,
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BARTLETT, EARL JR 1817 CANYON OAK COURT SAN MATEO, CA 94402,
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VROOMAN, M. A 4060 BARRANCAS AVE PENSACOLA, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HESS, M. 4060 BARRANCAS AVE. PENSACOLA, FL
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**DO NOT WRITE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/07 (850) 456-7401

Date

Daytime Phone #