2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 825463

Entity Name: TRANS WORLD ASSURANCE COMPANY

FILED Jan 04, 2008 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
885 SOUTH EL CAMINO REAL SAN MATEO, CA 94402					
Current Mailing Address:			New Mailir	New Mailing Address:	
885 SOUTH EL CAMINO REAL SAN MATEO, CA 94402					
FEI Number:	94-1567745	FEI Number Applied For ()	FEI Number Not Appli	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
SOUTHERLAND, L.B. 3815 LYNN ORA DR. PENSACOLA, FL 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:					
	Electro	onic Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VD (WOODBURY, 9171 TOWNE SAN DIEGO,	CENTER DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ROYALS, N.E	ICAS AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD (ROYALS, C.B 800 26TH AVE SAN MATEO,	ENUE	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition ROYALS, C.B., 800 26TH AVENUE SAN MATEO, CA 94402	
Title: Name: Address: City-St-Zip:	BARTLETT, E	NOAK COURT	Title: Name: Address: City-St-Zip:	C (X) Change () Addition BARTLETT, EARL JR, 11817 N. MOUNTAIN LAUREL PLACE ORO VALLEY, AZ 85737 78	
Title: Name: Address: City-St-Zip:	T (VROOMAN, N 4060 BARRAN PENSACOLA,	ICAS AVE	Title: Name: Address: City-St-Zip:	T (X) Change () Addition VROOMAN, M. A 4060 BARRANCAS AVE PENSACOLA, FL 32507	
Title: Name: Address: City-St-Zip:	D (HESS, M. 4060 BARRAN PENSACOLA,		Title: Name: Address: City-St-Zip:	D (X) Change () Addition HESS, M. 4060 BARRANCAS AVE. PENSACOLA, FL 32507	

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: M.A. VROOMAN T 01/04/2008