
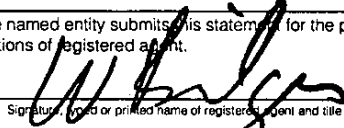

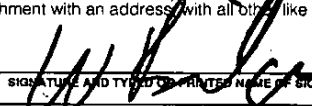


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 24, 2006 8:00 am**  
**Secretary of State**

08-24-2006 90061 019 \*\*\*558.75

<b>DOCUMENT # F05000002018</b>					
<b>1. Entity Name</b> TSW INCORPORATED					
<b>Principal Place of Business</b> 39689 RIVER OAKS DR. PONCHATOOLA, LA 70459			<b>Mailing Address</b> PO BOX 1627 HAMMOND, LA 70404		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 3940 Kimberly Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b> PO 7L		<b>4. FEI Number</b> 72-1231215	
<b>Zip</b>		<b>Country</b> 32571 USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> FLYNN, DENNIS G 301 PERDIDO BLVD STE 301 PERDIDO, FL 32507			<b>7. Name and Address of New Registered Agent</b> Name: Flynn, Dennis G Street Address (P.O. Box Number is Not Acceptable): 3940 Kimberly Rd City: POCE FL Zip Code: 32571		
<b>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.</b> SIGNATURE:  <b>Wesley Bridges, Resident</b> 8/18/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <b>NAME</b> FLYNN, DENNIS <b>STREET ADDRESS</b> 39689 RIVER OAKS DR. <b>CITY - ST - ZIP</b> PONCHATOOLA, LA 70459	<input type="checkbox"/> Delete		<b>TITLE</b> CFO <b>NAME</b> Flynn, Dennis <b>STREET ADDRESS</b> 39689 River Oaks Dr <b>CITY - ST - ZIP</b> Ponchatoola, LA 70459	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> President <b>NAME</b> Bridges, Wesley <b>STREET ADDRESS</b> 3940 Kimberly Rd <b>CITY - ST - ZIP</b> POCE, FL 32571	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 			Date: 8/18/06 Daytime Phone #: 850-995-3325		