FILED 2008 FOR PROFIT CORPORATION Mar 14, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT #F31690 1. Entity Name TWC MARKETING & DEVELOPMENT, INC. Principal Place of Business Mailing Address 296 BAYSHORE DRIVE 296 BAYSHORE DRIVE NICEVILLE, FL 32578 NICEVILLE, FL 32578 02052008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2346659 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CURRID, TOMMY W DO NOT WRITE 296 BAYSHORE DRIVE NICEVILLE, FL 32578 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing U00000858949 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 04/01/08-80030-005 150.00 10. OFFICERS AND DIRECTORS DΡ TITLE CURRID, TOMMY W NAME 296 BAYSHORE DRIVE STREET ADDRESS CITY-ST-ZIP NICEVILLE, FL 32578 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP TITLE

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 supplimental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the received or fusite empowered account 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 buffer like empowered.

SIGNATURE:

NAME STREET ADDRESS GITY - ST- ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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