


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90018 031 ***150.00

DOCUMENT # F38083	
1. Entity Name TWELVE-TWO-SIXTY-FIVE, INC.	

Principal Place of Business 8821 ONE PUTT PLACE PORT SAINT LUCIE, FL 34986 US	Mailing Address 8821 ONE PUTT PLACE PORT SAINT LUCIE, FL 34986 US
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2. Principal Place of Business 8604 TOMPSON POINT ROAD Suite, Apt. #, etc.	3. Mailing Address 8604 TOMPSON POINT ROAD Suite, Apt. #, etc.
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City & State Port Saint Lucie, FL	City & State ST LUCIE WEST, FL
Zip 34986	Zip 34986
Country USA	Country USA

6. Name and Address of Current Registered Agent ZAHARAKO, DOROTHY 8821 ONE PUTT PLACE PORT SAINT LUCIE, FL 34986	
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7. Name and Address of New Registered Agent Name: DOROTHY ZAHARAKO Street Address (P.O. Box Number is Not Acceptable): 8604 TOMPSON POINT ROAD City: ST LUCIE WEST, FL Zip Code: 34986	
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: <i>Rickey A. Brooks</i>	DATE: 3/4/06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BROOKS, R A 96 ABBEY PLACE JACKSON, TN 38305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Rickey A. Brooks, President</i>	DATE: 3/27/06	DAYTIME PHONE #: 731-660-3454
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RICKEY A. BROOKS