2007 FOR PROFIT CORPORATION

007 08:00 AM te

| ANNUAL REPORT | | | red 12, 2007 08:00 | | |
|--|---|-------------------------------|---|--|--|
| DOCUMENT # F76447 1. Entity Name 1. T. W., INC. | | | Secret | tary of Sta | |
| Principal Place of Business 1450 S. STATE RD #7 HOLLYWOOD, FL 33023 | Mailing Address 1450 S. STATE RD #7 HOLLYWOOD, FL 33023 | | 1 / TERNER XVII (1901) 8 0 000 1000 1000 1000 1000 1000 100 | / 1887 8281 1887 828 17 1881 | |
| DO NOT WRITI | | CE | 4. FEI Number 59-2194272 | 34 (11/05) Applied For Not Applicable \$8.75 Additional | |
| 6. Name and Address of Current Registered Agent BERGER, CAROL 1450 S. STATE RD #7 HOLLYWOOD, FL 33023 | | | 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 | 9. Election Campaign Fina Trust Fund Contribution | | 00 May Be ad to Fees | | |
| 10. OFFICERS AN | D DIRECTORS | | U0000063377 02/21/07-80076 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO NOT WRITE IN THIS SPACE | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |

12. I hereby certify that the information supplied with this filling 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED HAVE OF BIGHING OFFICER OR DIRECTOR

2/10/07 954-989-7/92 Deytime Phone #