

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G56707

FILED
Apr 29, 2006
Secretary of State

Entity Name: TWIN LAKES LAND COMPANY

Current Principal Place of Business:

6081 S.W. 30TH COURT
FT. LAUDERDALE, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 292037
DAVIE, FL 33329 US

New Mailing Address:

FEI Number: 59-2641754 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, FORMAN H JR.
350 SE 2ND ST, STE 200
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FORMAN, MILES AUSTIN,
Address: 888 SE 3RD AVE. #501
City-St-Zip: FT. LAUDERDALE, FL

Title: ASD () Delete
Name: FORMAN, HAMILTON COL, LINS
Address: 888 SE 3RD AVE. #501
City-St-Zip: FT. LAUDERDALE, FL

Title: ASD () Delete
Name: FORMAN, WALTER HAMIL, TON
Address: 888 SE 3RD AVE. #501
City-St-Zip: FT. LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 AUSTIN FORMAN

PD

04/29/2006

Electronic Signature of Signing Officer or Director

Date