## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 26, 2005 08:00 AM Secretary of State

DOCUMENT # H33326  1. Entity Name TANGLEWOOD ENTERPRISES ASSOCIATES, INC.  Principal Place of Business 9860 PINES BLVD. PEMBROKE PINES, FL 33024  Mailing Address  -9860 PINES BLVD. PEMBROKE PINES, FL 33024	Secretary of State
DO NOT WRITE IN THIS SPAC	03212005 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For S9-2597959 Not Applicable  5. Certificate of Slatus Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  NIX, JACK VERNON  9860 PINES BLVD.  PEMBROKE PINES, FL 33024	DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent and title if appli	gen' signature required when reinstating) DATE
10. OFFICERS AND DIRECTORS  TITLE DP  NAME NIX, MARIE  STREET ADDRESS  GITY-ST-ZIP PEMBROKE PINES, FL 33024  TITLE  NAME  STREET ADDRESS  GITY-ST-ZIP  GITY-ST-ZIP	U00000276926 03/26/05-80008-019 150.00
TITLE NAME STREET ADDRESS CITY-57-ZIP TITLE NAME STREET ADDRESS	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP  TITLE  NAME STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME STREET ADDRESS	 
12. I hereby certify that the information supplied with this filing does not qualify for the exemp indicated on this report or supplemental report is true and accurate and that my signature of the corporation or the receiver or trustee empowered to execute this report as required changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  SIGNATURE AND TYPEO OR PRINTED TAME OF SIGNING OFFICER OR DIRECTOR	stion stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information a shall have the same legal effect as if made under oath, that I am an officer or director by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if