2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# H53616

Entity Name: TANGLEWOOD ASSOCIATES, INC.

Current Principal Place of Business:

3580 BURKHOLM RD.
MIMS, FL 32754

New Principal Place of Business:

Current Mailing Address:

3580 BURKHOLM RD.
MIMS, FL 32754

New Mailing Address:

FEI Number: 59-2569498 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PENNINGTON, ROBERT G.
3580 BURKHOLM ROAD
MIMS, FL 32754 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: PENNINGTON, ROBERT G.
Address: 3580 BURKHOLM ROAD
City-St-Zip: MIMS, FL

Title: SD ( ) Delete
Name: VANNESS, VINCENT
Address: 1504 S. CARPENTER ROAD
City-St-Zip: TITUSVILLE, FL

Title: D ( ) Delete
Name: SOWARDS, JUNIOR
Address: P.O. BOX 6021 N/A
City-St-Zip: TITUSVILLE, FL

Title: VD (X) Delete
Name: SOWARDS, GARLAND
Address: P.O. BOX 6021 N/A
City-St-Zip: TITUSVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VD (X) Change ( ) Addition
Name: SOWARDS, GARLAND
Address: P.O.BOX 793
City-St-Zip: MIMS, FL 32754

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT G PENNINGTON PD 04/17/2009

Electronic Signature of Signing Officer or Director — Date