

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H73413

FILED  
Apr 19, 2008  
Secretary of State

Entity Name: TWISTED SCISSORS, INC.

## Current Principal Place of Business:

C/O BONNIE SHAWVAN  
5190 26 STREET WEST SUITE C  
BRADENTON, FL 34207 US

## New Principal Place of Business:

## Current Mailing Address:

C/O BONNIE SHAWVAN  
2221 LUCADO WAY  
KNOXVILLE, TN 37909 US

## New Mailing Address:

C/O BONNIE SHAWVAN  
3835 LIGHT PINK RD  
LOUISVILLE, TN 37777 US

FEI Number: 59-2576280

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHAWVAN, BONNIE  
5190 26TH STREET WEST  
SUITE C  
BRADENTON, FL 34207 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: PRES ( ) Delete  
Name: SHAWVAN, IVAN  
Address: 2221 LUCADO WAY  
City-St-Zip: KNOXVILLE, TN 37909

Title: VP/S ( ) Delete  
Name: SHAWVAN, BONNIE  
Address: 2221 LUCADO WAY  
City-St-Zip: KNOXVILLE, TN 37909

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: SHAWVAN, IVAN  
Address: 3835 LIGHT PINK RD  
City-St-Zip: LOUISVILLE, TN 37777

Title: VP/S (X) Change ( ) Addition  
Name: SHAWVAN, BONNIE  
Address: 3835 LIGHT PINK RD  
City-St-Zip: LOUISVILLE, TN 37777

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: IVAN SHAWVAN

PRES

04/19/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date