2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007
Secretary of State

DOCUMENT# K60831

Entity Name: THW, INC.

Current Principal Place of Business:

1850 K ST., N.W.
SUITE 380
WASHINGTON, DC 20006

New Principal Place of Business:

C/O NEAPOLITAN ENTEPRISES
255 13TH AVE SO, SUITE 202
NAPLES, FL 34102

Current Mailing Address:

1850 K ST., N.W.
SUITE 380
WASHINGTON, DC 20006

New Mailing Address:

C/O NEAPOLITAN ENTERPRISES
255 13TH AVE SO, SUITE 202
NAPLES, FL 34102

FEI Number: 31-1261699 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WALKER, BARBARA Z
%NEAPOLITAN ENTERPRISES
255 13TH AVENUE SOUTH, SUITE 202
NAPLES, FL 34102 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: TOBIN, JOAN F.,
Address: 1850 K ST., N.W., #380
City-St-Zip: WASHINGTON, DC 20006

Title: VSD ( ) Delete
Name: WALKER, BARBARA Z.,
Address: 255 13TH AVENUE SOUTH, STE. 202
City-St-Zip: NAPLES, FL 34102

Title: VD (X) Delete
Name: ELLMAN, HOWARD
Address: ELLMAN BURKE HOFFMAN & JOHNSON 1 ECKER BLD
City-St-Zip: SAN FRANCISCO, CA 94105

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: BARBARA Z WALKER VSD 01/17/2007
Electronic Signature of Signing Officer or Director — Date