
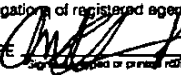
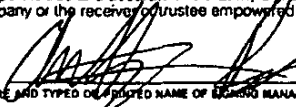


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-08-2006 90045 044 ****61.25

| | | | | | |
|---|--|--|---|---|---|
| DOCUMENT # L05000115159 1. Entity Name TIME WARP TECHNOLOGIES, LTD. CO | | | |  | |
| Principal Place of Business 9575 SUNPOINTE DRIVE BOYNTON BEACH, FL 33437 US | | | Mailing Address PO BOX 740431 BOYNTON BEACH, FL 33474-0431 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 20-3879445 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent BROWN, ELIZABETH M 3094 JOG ROAD GREENACRES, FL 33467 | | | | 7. Name and Address of New Registered Agent Name ANTHONY RIVERS Street Address (P.O. Box Number is Not Acceptable) 9575 Sunpointe Drive City BOYNTON BEACH FL Zip Code 33437 | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 3/1/06 <small>(Signature required or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing))</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM RIVERS, ANTHONY 9575 SUNPOINTE DRIVE BOYNTON BEACH, FL 33437 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DESIMONE, CHRISTIAN 6477 ROCK CREEK DRIVE LAKE WORTH, FL 33467 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE:  | | | | Date: 3/1/06 561-889-6601 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |

30002881



02282006 Chg-LLC CR2E083 (11/05)



ATTACHMENT
30602881

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2006

TIME WARP TECHNOLOGIES, LTD. CO
PO BOX 740431
BOYNTON BEACH, FL 33474-0431 US

Subject: TIME WARP TECHNOLOGIES, LTD. CO

Reference Number: L05000115159

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CD
ANNUAL REPORTS SECTION