

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L36159

Entity Name: TWIN ARCH GROUP, INC.

FILED  
Jun 30, 2004  
Secretary of State

## Current Principal Place of Business:

2929 N UNIVERSITY DR  
STE-#107  
CORAL SPRINGS, FL 33071

## Current Mailing Address:

2929 N UNIVERSITY DR  
STE-#107  
CORAL SPRINGS, FL 33071

## New Principal Place of Business:

2929 N UNIVERSITY DR  
STE-#107  
CORAL SPRINGS, FL 33065

## New Mailing Address:

2929 N UNIVERSITY DR  
STE-#107  
CORAL SPRINGS, FL 33065

FEI Number: 65-0201419

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WELLS, BRENDA  
2929 N UNIVERSITY DRIVE  
POMPANO BEACH, FL 33071

## Name and Address of New Registered Agent:

WELLS, BRENDA S P  
2929 N UNIVERSITY DRIVE  
SUITE 107  
CORAL SPRINGS, FL 33065

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: BRENDA S WELLS

06/30/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVS ( ) Delete  
Name: WELLS, BRENDA S,  
Address: 2929 U UNIVERSITY STE 107  
City-St-Zip: POMPAN BEACH, FL 33066

Title: TD ( ) Delete  
Name: WELLS, BRENDA S,  
Address: 2929 N UNIVERSITY STE 107  
City-St-Zip: POMPAN BEACH, FL 33065

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVS (X) Change ( ) Addition  
Name: WELLS, BRENDA S,  
Address: 2929 N UNIVERSITY DRIVE, STE. 107  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: TD (X) Change ( ) Addition  
Name: WELLS, BRENDA S,  
Address: 2929 N UNIVERSITY STE 107  
City-St-Zip: CORAL SPRINGS, FL 33065

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BRENDA S WELLS

PVS

06/30/2004

Electronic Signature of Signing Officer or Director

Date