


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # M91100 1. Entity Name TWENTY-FIRST CENTURY PRODUCTS, INC.	
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Principal Place of Business C/O EDWARD F. DOWNS 510 N. SHORE CIRCLE LYNN HAVEN FL 32444	Mailing Address C/O EDWARD F. DOWNS 510 N. SHORE CIRCLE LYNN HAVEN FL 32444
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2. Principal Place of Business <u>510 N. SHORE CIRCLE</u> Suite, Apt. #, etc.	3. Mailing Address <u>SAME</u> Suite, Apt. #, etc. <u>SAME</u>
City & State <u>LYNN HAVEN FL.</u>	City & State <u>SAME</u>
Zip <u>32444</u> Country <u>FL</u>	Zip <u>SAME</u> Country <u>FL</u>

1st MOORE CR2E034 (10/05)

4. FEI Number <u>59-2961280</u>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DOWNS, EDWARD F. 510 N. SHORE CIRCLE LYNN HAVEN FL 32444

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> Zip Code

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 <u>Edward F. Downs</u> DATE <u>MARCH 18-2006</u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when amending)</small>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P DOWNS, EDWARD F., JR. 1802 NEW JERSEY AVE. LYNN HAVEN FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete T DOWNS, EDWARD F. 510 NO. SHORE CIR. LYNN HAVEN FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>U00000477268</u> <u>04/06/06-80045-013 150.00</u>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Edward F. Downs</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: <u>March 18-2006</u> DAY/ME PHONE #: <u>(850) 265-3101</u>
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