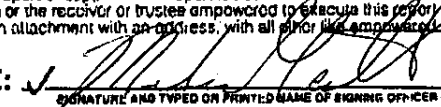


FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91053 037 ****61.25

**2004 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N03000008014			
1. Entity Name TWAFWA-WE CARE RESOURCES, INC.			
Principal Place of Business C/O JANE W. MCMILLAN 2 S. BISCAYNE BOULEVARD, STE. 3750 MIAMI, FL 33131		Mailing Address C/O JANE W. MCMILLAN 2 S. BISCAYNE BOULEVARD, STE. 3750 MIAMI, FL 33131	
2. Principal Place of Business c/o Jane W. McMillan Suite, Apt. #, etc. #1750 One Southeast Third Ave City & State Miami FL Zip 33131		3. Mailing Address c/o Jane W. McMillan One SE Third Ave #1750 City & State Miami, FL Zip 33131	
Country USA		Country USA	
6. Name and Address of Current Registered Agent MCMILLAN, JANE W STOKES MCMILLAN & MARACINI P.A. 25 S. BISCAYNE BOULEVARD, STE. 3750 MIAMI, FL 33131		7. Name and Address of Now Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) One Southeast Third Avenue, #1750 City Miami FL Zip Code 33131	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, S GAUNTT, MILES 3140 NE 23RD AVE. LIGHTHOUSE POINT, FL 33064 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P MCGUIRE, NANCY 12085 CHAPARRAL DR. BRIDGETON, MO 63044 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIBBONS, JEANNE 311 JACKSON ST. ST. CHARLES, MO 63044 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all prior like amendments.			
SIGNATURE: 		Date: 4/28/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

954-545-9627