2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91053 037 ****61.25

DOCUMENT # N03000008014

1. Entity Name
TWAFA-WECARE RESOURCES, INC.

Principal Place of Business	Mailing Address
C/O JANE W. MCMILLAN 2 S. BISCAYNE BOULEVARD, STE. 3750 MIAMI, FL 33131	C/O JANE W. MCMILLAN 2 S. BISCAYNE BOULEVARD, STE. 3750 MIAMI, FL 33131

04202004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
c/o Jane W. McMillan	c/o Jane W. McMillan
Suite, Apt. #, etc. #1750 One Southeast Third Ave	One SE Third Ave #1750
City & State Miami FL	City & State Miami, Fl.
Zip 33131 Country USA	Zip 33131 Country USA

4. FEI Number 20-0231822 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCMILLAN, JANE W STOKES MCMILLAN & MARACINI P.A. ~~2S. BISCAYNE BOULEVARD, STE 3750~~ MIAMI, FL 33131 ~~XXXXXXXXXX~~	Name Street Address (P.O. Box Number is Not Acceptable) One SoutheastThird 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 other like empowered.

SIGNATURE: _____ 4/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

954-545-9627