2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000014181 1. Entity Name TWIN PALMS WOODWORKING, INC.



. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State						
						Zip	try	+
						6	. Name and Address of Currer	t Registered Agent

FILED Apr 02, 2007 8:00 am Secretary of State

04-02-2007 90091 013 ***150.00

Principal Place of Business N		Mailing Address	Mailing Address		_ <i>I</i>	40047114				
			7816 CLARK MOODY BLVD. PORT RICHEY, FL 34668		,	1004111	z			
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2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01122007	01122007 Chg-P CR2E034 (12/06)				
City & State		City & State	City & State		4. FEI Number 59-362			- +	plied For t Applicable	
Zip	Country	Zíp	Coun	try	5. Certificate	of Status Desired		8.75 Add		
6. Name and Address of Current Registered Agent					7. Name and	Address of New F	Registered A	gent		
`				Name						
	BERT RK MOODY BLVD HEY, FL 34668				Street Address (P.O. Box Number is Not Acceptable)					
	·									
	**.			City			FL	Zip Cod		
8. The above	named entity submits this statement for	or the purpose of changing its	registere	ed office or reg	istered agent, or bo	th, in the State of Fl	orida. I am fa	miliar with,	and accept	
the obligat	ions of registered agent.									
SIGNATURE_	Signature, typed or printed name of registered agent	and tate if applicable. {NOTE	: Registere	d Agent signature rec	Quired when reinstating)		DATE			
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		-9Election Campai Trust Fund Contr	gn Finan ribution.	ncing	\$5.00 May Be Added to Fees			-		
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND I	DIRECTOR	3 IN 11	
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NAME	LUST, ROBERT		NAME							
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CITY-ST-ZIP	7816 CLARK MOODY BLVD. PORT RICHEY, FL 34668		STRE CITY	ET ADDRESS -ST-ZIP		**********				
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12. 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 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: 1

AME OF SIGNING OFFICER OR DIRECTOR