2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000033738

Entity Name: TWIN A GENERAL CONTRACTING, INC.

FILED Jan 09, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5625 KATHLEEN COURT 28631 NORTH CARGO COURT

SUITE 2 UNIT 1

NAPLES, FL 34109 BONITA SPRINGS, FL 34135

Current Mailing Address: New Mailing Address:

5625 KATHLEEN COURT 28631 NORTH CARGO COURT

SUITE 2 UNIT 1 NAPLES, FL 34109 BONITA SPRINGS, FL 34135

FEI Number: 59-3634628 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OSWALD, ARDELL L OSWALD, ARDELL L

5625 KATHLEEN COURT 28631 NORTH CARGO COURT UNIT 1 SUITE 2

NAPLES, FL 34109 US BONITA SPRINGS, FL 34135 US

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: 01/09/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete OSWALD, ARDELL OSWALD, ARDELL Name: Name:

5625 KATHLEEN COURT SUITE 2 28631 NORTH CARGO COURT UNIT 1 Address: Address:

City-St-Zip: NAPLES, FL 34109 City-St-Zip: BONITA SPRINGS, FL 34135

Title: () Delete Title: MRS (X) Change () Addition

Name: OSWALD, SUSAN M Name: OSWALD, SUSAN M

5625 KATHLEEN COURT SUITE 2 Address: 28631 NORTH CARGO COURT UNIT 1 Address:

City-St-Zip: NAPLES, FL 34109 BONITA SPRINGS, FL 34135 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ARDELL L. OSWALD **PRES** 01/09/2008