2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000045461

FILED Mar 23, 2009 Secretary of State

Entity Name: TWT RESTAURANT DESIGN, CONSTRUCTION & DEVELOPMENT COMPANY

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

1111 N WESTSHORE BLVD. 1111 N WESTSHORE BLVD.

200A 202A

TAMPA, FL 33607 TAMPA, FL 33607

Current Mailing Address: New Mailing Address:

1111 N WESTSHORE BLVD. 1111 N WESTSHORE BLVD.

200A 202A TAMPA, FL 33607 TAMPA, FL 33607

FEI Number: 59-3645045 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:

TERENZI, TERENCE TERENZI, TERENCE 1111 N. WESTSHORE BLVD. 1111 N. WESTSHORE BLVD. 200A 202A

TAMPA, FL 33607 US TAMPA, FL 33607 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: 03/23/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO () Delete Title: (X) Change () Addition SCHELLDORF, THOMAS A Name: Name: SCHELLDORF, THOMAS A 1111 N WESTSHORE BLVD. # 200A 1111 N WESTSHORE BLVD. # 202A Address: Address:

City-St-Zip: TAMPA, FL 33607 City-St-Zip: TAMPA, FL 33607

Title: Title: () Delete (X) Change () Addition Name: HOLMES, WILLIAM G Name: HOLMES, WILLIAM G

1111 N WESTSHORE BLVD. # 200A 1111 N WESTSHORE BLVD. # 202A Address: Address:

TAMPA, FL 33607 TAMPA, FL 33607 City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition **CFOS** () Delete CFOS TERENZI, TERENCE M TERENZI, TERENCE M Name: Name:

1111 N WESTSHORE BLVD. # 200A 1111 N WESTSHORE BLVD. # 202A Address: Address:

City-St-Zip: TAMPA, FL 33607 City-St-Zip: TAMPA, FL 33607

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: MR. WILLIAM HOLMES **PRES** 03/23/2009