

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000045954

Entity Name: TWIGGY'S, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

1769 EFLAND TERRACE
DELTONA, FL 32738

New Principal Place of Business:

1769 EFLAND TERRACE
DELTONA, FL 32738 US

Current Mailing Address:

P.O. BOX 391090
DELTONA, FL 32739

New Mailing Address:

P.O. BOX 391090
DELTONA, FL 32739 US

FEI Number: 59-3648804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEST, LOU A
1769 EFLAND TERRACE
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BEST, LOU A
Address: 1769 EFLAND TERRACE
City-St-Zip: DELTONA, FL 32738

Title: V () Delete
Name: MILLER, LALANIA
Address: 406 W. CRYSTAL DRIVE
City-St-Zip: SANFORD, FL 32773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BEST, LOU A
Address: 1769 EFLAND TERRACE
City-St-Zip: DELTONA, FL 32738 US

Title: V (X) Change () Addition
Name: MILLER, LALANIA
Address: 406 W. CRYSTAL DRIVE
City-St-Zip: SANFORD, FL 32773 US

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: LOU ANN BEST

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date