2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Anr 22, 2008 08:00 AN ate

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DOCUMENT # P00000104700 1. Entity Name TWC TWENTY-TWO, INC.				Secretary of Sta				
Principal Plac	o of Business	Mailing Address	L	┪				
Principal Plac 655 N FRANI TAMPA, FL	KLIN ST, STE 2200	Mailing Address 655 N FRANKLIN ST, STE 2200 TAMPA, FL 33602	0	(spaller) (
D	O NOT WRITE	CE	03192008	_	034 (11/05) Applied For			
_		_		PPLICABLE	Not Applicable			
				5. Certificate	e of Status Desired	\$8.75 Additional Fee Required		
	6. Name and Address of Current Re	Jistered Agent						
655 N FRA STE 2200		DO NOT WRITE IN THIS SPACE						
TAMPA, FI	L 33002			117		***		
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								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Signature, typed or printed name of registered agent and title if applicable (NOTE Registere 9. Election Campaign Finar Trust Fund Contribution.			~ ~~	5.00 May Be ded to Fees	U0000091347. 05/08/08-80017	2 -010 150.00		
10.	OFFICERS AND DIF	RECTORS						
TITLE	DPT							
NAME	WILSON, CAROLYN M							
STREET ADDRESS CITY-ST-ZIP	655 N FRANKLIN ST STE 2200							
	TAMPA, FL 33602	_ -	-					
TITLE NAME	CFOS STOREY, BRENDA H							
STREET ADDRESS	655 N FRANKLIN STREET STE 220	00						
CITY - ST - ZIP	TAMPA, FL 33602	,•						
TITLE								
NAME								
STREET ADDRESS				DO	NOT WRITI			
CITY - ST - ZIP								
TITLE NAME				IN '	THIS SPACE	= .		
STREET ADDRESS								
C1TY-SI-ZIP								
TITLE .								

12. Thereby 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.

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STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CHY-ST-ZIP

> Store SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OF GER OR DIRECTOR
> Brenda H. Storey
>
> Financial Officer

4-18.08