

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P01000013561

1. Entity Name
TWY GROUP INC.



Principal Place of Business

16014 N. HWY. 441
EUSTIS, FL 32726

Mailing Address

16014 N. HWY. 441
EUSTIS, FL 32726



04062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|-------------------------------|
| 4. FEI Number 59-3694262 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

YADAV, CHANDERKANT
4520 ABACO DR
TAVARES, FL 32778

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

U000000908321
05/06/08 20025 018 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P YADAV, CHANDERKANT 4520 ABACO DR TAVARES, FL 32778 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V TYAGI, ASHOK 745 E ROSEWOOD LANE TAVARES, FL 32778 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WADHWA, RAMKRISHAN 5015 TREASURE CAY TAVARES, FL 32778 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WADHWA, JITENDER 5015 TREASURE CAY TAVARES, FL 32778 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/16/08 352.357.4120