


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000056946</b> 1. Entity Name <b>TWO TUELLS, INC.</b>	
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Principal Place of Business <b>390 CORPORATE WAY LONGWOOD FL 32750</b>	Mailing Address <b>P.O. BOX 520003 LONGWOOD FL 32752</b>
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2. Principal Place of Business <b>390 CORPORATE WAY</b> Suite, Apt. #, etc.	3. Mailing Address <b>PO BOX 520003</b> Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State <b>Longwood FL</b>	City & State <b>Longwood FL</b>
Zip <b>32750</b>	Zip <b>32752</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>52-2322549</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>TERENZIO, ROBERT T 127 W CHURCH AVE LONGWOOD FL 32750</b>
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7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 James A. Gistad DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		Delete <input type="checkbox"/>
TITLE	P	
NAME	TUELL, SCOTT	
STREET ADDRESS	381 AUGUSTINE CT	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		Change <input type="checkbox"/>	Add <input type="checkbox"/>
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change <input type="checkbox"/>	Add <input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change <input type="checkbox"/>	Add <input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change <input type="checkbox"/>	Add <input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

U00000427246  
02/20/06-80076-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Scott Tuell DATE: 2/6/06 DAYTIME PHONE #: 407-831-4459  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR