2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State
07-23-2007 90039 013 ***563.75

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1. Entity Name
TWYN DRAGON OF N.W. FLORIDA, INC.

Principal Place of Business	Mailing Address
BAYON CHIROPRACTIC 4771 BAYON BLVD PENSACOLA, FL 32503	2319 N. 15TH AVE. SUITE 299 PENSACOLA, FL 32503

07202007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
675 W. Garden St.		675 W. Garden St.	
Suite, Apt. #, etc.: Bld. B		Suite, Apt. #, etc.: Bld. B	
City & State: Pensacola		City & State: Fl.	
Zip: 32502	Country: U.S.A.	Zip: 32502	Country: U.S.A.

4. FEI Number 59-3685531 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCLEAN, BONNIE 2319 N. 15TH AVE. PENSACOLA, FL 32503	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 $550.00
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLEAN, BONNIE 2319 N. 15TH AVE. PENSACOLA, FL 32503	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: Bonnie McLean — 7/20/07 — (850) 470-0777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #