


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

05-17-2007 90040 029 \*\*\*150.00

DOCUMENT # P01000105703		
1. Entity Name TWINROSE, INC.		

Principal Place of Business 7008 GALLEON COVE CIRCLE PALM BEACH GARDENS, FL 33418	Mailing Address 7008 GALLEON COVE CIRCLE PALM BEACH GARDENS, FL 33418
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2. Principal Place of Business - No P.O. Box # 1508 CYPRESS DRIVE Suite, Apt. #, etc.	3. Mailing Address 1508 CYPRESS DRIVE Suite, Apt. #, etc.
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City & State JUPITER FL	City & State JUPITER FL	4. FEI Number 02-0555960	Applied For <input type="checkbox"/> Not Applicable
Zip 33469	Country US	Zip 33469	Country US

40115724



01192007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent WHITE, HARVEY A 7008 GALLEON COVE CIRCLE PALM BEACH GARDENS, FL 33418		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1508 CYPRESS DRIVE City JUPITER FL Zip Code 33458	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WHITE, HARVEY A 1508 CYPRESS DR JUPITER, FL 33469 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Harvey A White Date: 04/29/07 Daytime Phone #: 561-7742457