## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000012101

Entity Name: TWELITURES INCORPORATED

FILED Jun 30, 2005 Secretary of State

y		REO II VOOTRI OTO TIEB			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
3521 FOX VALRICO,	SQUIRREL LA FL 33594 L	NE JS			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
4710 PARI RICHMON	K AVE. ID, VA 23226	US			
FEI Number:	80-0036109	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
1203 GOV SUITE 101	S FILINGS INCO ERNORS SQU BSEE, FL 3230	ARE BLVD			
	named entity s e of Florida.	ubmits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electroni	c Signature of Registered Ag	gent	Date	
		(2)(b), F.S., the corporation did r Trust Fund Contribution ( ).	not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	WILSON, RYAN 5677 SOUTH PA	Delete ARK PLACE, #303-D /ILLAGE, CO 80111	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () TESTER, DREW 2152 N. MILITA ARLINGTON, VA	ARY RD.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () ROBERTS, MIKI 3521 FOX SQU VALRICO, FL 3	IRREL LANE	Title: Name: Address: Citv-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DREW TESTER VP 06/30/2005