2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 10, 2005
Secretary of State

DOCUMENT# P02000039971

Entity Name: T.W.B.H., INCORPORATED

Current Principal Place of Business:

110 EAST BYRD AVENUE
BONIFAY, FL 32425

New Principal Place of Business:

Current Mailing Address:

110 EAST BYRD AVENUE
BONIFAY, FL 32425

New Mailing Address:

FEI Number: 81-0547751 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AHMAD TARIQ SHUAIB ISMAIL
110 EAST BYRD AVENUE
BONIFAY, FL 32425 US

Name and Address of New Registered Agent:

MOHAMMAD TARIQ
110 EAST BYRD AVENUE
BONIFAY, FL 32425 US

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.

SIGNATURE: MOHAMMAD TARIQ 10/10/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: AHMAD TARIQ SHUAIB I, SMAIL
Address: 110 EAST BYRD AVENUE
City-St-Zip: BONIFAY, FL 32425

Title: VD ( ) Delete
Name: MOHAMMAD, TARIQ
Address: 110 EAST BYRD AVENUE
City-St-Zip: BONIFAY, FL 32425

Title: SD ( ) Delete
Name: FATIMA, ISMAIL
Address: 110 EAST BYRD AVENUE
City-St-Zip: BONIFAY, FL 32425

Title: TD ( ) Delete
Name: TARIQ, MOHAMMED
Address: 110 EAST BYRD AVENUE
City-St-Zip: BONIFAY, FL 32425

Title: D ( ) Delete
Name: SAMINA, TARIQ
Address: 110 EAST BYRD AVENUE
City-St-Zip: BONIFAY, FL 32425

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MOHAMMAD TARIQ,
Address: 110 EAST BYRD AVENUE
City-St-Zip: BONIFAY, FL 32425

Title: VD (X) Change ( ) Addition
Name: MASOOD, AHMAD
Address: 110 EAST BYRD AVENUE
City-St-Zip: BONIFAY, FL 32425

Title: SD (X) Change ( ) Addition
Name: MASOOD, AHMAD
Address: 110 EAST BYRD AVENUE
City-St-Zip: BONIFAY, FL 32425

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MASOOD AHMAD VD 10/10/2005
Electronic Signature of Signing Officer or Director Date