2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000060616

1. Entity Name TCW HOLDINGS, INC.

Principal Place of Business

901 SOUTH FEDERAL HIGHWAY

SUITE 101 FORT LAUDERDALE, FL 33316 Mailing Address

901 SOUTH FEDERAL HIGHWAY

SUITE 101

FORT LAUDERDALE, FL 33316

FILED Feb 24, 2006 08:00 AM **Secretary of State**



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) No Chg-P 01052006

4. FEI Number 51-0418273

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent WILKES, JOHN P ESQ.

901 SOUTH FEDERAL HIGHWAY SUITE 101

DO NOT WRITE IN THIS SPACE FORT LAUDERDALE, FL 33316

8. The above named entity submits this statement for the purpose of chan	ging its registered office or registered agent, or b	oth, in the State of Florida.	I am familiar with, and accept
the obligations of registered agent.			
SIGNATURE /			
file folure, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signalure required when reinstating)	ī	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11000000447252

03708706-80046-016 150.00

OFFICERS AND DIRECTORS 10. TITLE OP NAME JOYNER, WILLIAM A 901 SOUTH FEDERAL HIGHWAY, SUITE 101 STREET AUDRESS FORT LAUDERDALE, FL 33316 CITY-ST-ZIP TITCE NAME STREET ADDRESS

> DO NOT WRITE IN THIS SPACE

CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 118, 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 it 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 charged, or on an attackment with an address with all other like empowered.

SIGNATURE

CITY-ST-ZZ TITLE NAME STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP 7171 5 NAME STREET ADDRESS CHTY-ST-ZIP

NAME STREET ADDRESS