2006 FOR PROFIT CORPORATION ANNUAL REPORT

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May 01, 2006 8:00 am
Secretary of State
05-01-2006 90448 031 ***158.75

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04062006 Chg-P CR2E034 (11/05)

DOCUMENT # P02000103614

1. Entity Name
TWICE AZZ NICE ENTERTAINMENT, INC.

Principal Place of Business	Mailing Address
5520 W. GUNN HIGHWAY #1704 TAMPA, FL 33624	5520 W. GUNN HIGHWAY #1704 TAMPA, FL 33624

2. Principal Place of Business	3. Mailing Address
2104 Belle Chase Cir.	PO Box 272502
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33634 Country: USA	Zip: 33688 Country: USA

4. FEI Number: 02-0664837 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GONSALES, MICHAEL A
5520 W. GUNN HIGHWAY
#1704
TAMPA, FL 33624

7. Name and Address of New Registered Agent

Name: Michael A. Gonsales
Street Address (P.O. Box Number is Not Acceptable): ~~2104 Belle Chase Circle~~
City: Tampa FL Zip Code: 33634

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] Michael A. Gonsales 4/25/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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

10. OFFICERS AND DIRECTORS

TITLE	PSTO	☐ Delete
NAME	GONSALES, MICHAEL A	
STREET ADDRESS	5520 W. GUNN HIGHWAY #1704	
CITY-ST-ZIP	TAMPA, FL 33624	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTSO	☒ Change ☐ Addition
NAME	Michael A. Gonsales	
STREET ADDRESS	2104 Belle Chase Circle	
CITY-ST-ZIP	~~Tampa, FL 33634~~	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] ~~Michael A. Gonsales 4/25/06~~ 813-245-5603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #