

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000056629

FILED
Apr 27, 2005
Secretary of State

Entity Name: THE TWISTED CONCH INC.

Current Principal Place of Business:

837 S.E. 47TH TERRACE
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

837 S.E. 47TH TERRACE
CAPE CORAL, FL 33904 US

New Mailing Address:

2817 SW 47 TERRACE
CAPE CORAL, FL 33914 US

FEI Number: 45-0516039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEGALZOOM NEVADA INC
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

CHAFIN, MELANIE L CORP VP
2817 SW 47 TERRACE
CAPE CORAL, FL 33914 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: MELANIE L. CHAFIN

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: CHAFIN, DAVID L
Address: 837 S.E. 47TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904 US

Title: TREA () Delete
Name: CHAFIN, MELANIE
Address: 837 S.E. 47TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CHAFIN, DAVID L
Address: 2817 SW 47 TERRACE
City-St-Zip: CAPE CORAL, FL 33914 US

Title: VP (X) Change () Addition
Name: CHAFIN, MELANIE L
Address: 2817 SW 47 TERRACE
City-St-Zip: CAPE CORAL, FL 33914 US

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: MELANIE L. CHAFIN

VP

04/27/2005

Electronic Signature of Signing Officer or Director

Date