2006 FOR PROFIT CORPORATION

Apr 17, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P03000078943 04-17-2006 90408 024 ***150.00 TWC TWENTY-TWO DEVELOPMENT, INC. Principal Place of Business Mailing Address 50012603 655 N FRANKLIN ST STE 2200 655 N FRANKLIN ST STE 2200 TAMPA, FL 33602 TAMPA, FL 33602 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03142006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For -59-3561424-X Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRENDA H. STOREY MCDONOUGH, BRIAN J 2200 MUSEUM TOWER 150 W FLAGLER ST SUITE 22.00 MIAMI, FL 33130 City TAMPA <u> 233602</u> 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. 1 am familiar with, and accept APR 1 0 2006 (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPT TITLE ☐ Delete TITLE Change Addition NAME WILSON, CAROLYN NAME STREET ADDRESS 655 N FRANKLIN ST STE 2200 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33602 CITY-ST-ZIP CFOS TITLE Delete TITLE ☐ Change ■ Addition STOREY, BRENDA H NAME NAME STREET ADDRESS 655 N. FRANKLIN ST., STE 2200 STREET ADDRESS TAMPA, FL 33602 CITY - ST - ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITL F TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE Delete THLE ☐ Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP

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 tike empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME BY CHICA HIS COURSE CYCLOR Chief Financial Officer

☐ Delete

AL., 10 2006

☐ Change

Addition

FILED