## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000030530

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

DELRAY BEACH, FL 33446

WESTMORELAND, LYNN M

#1 BRIGHTON CT

HEATH, TX 75032

(X) Delete

FILED Apr 29, 2005 Secretary of State

Entity Nar	ne: TRW PROI	DUCTS COMPANY					
Current Principal Place of Business:			New Principal Place of Business:				
446 S DIXI POMPANO	E HWY D BEACH, FL 33	8060					
Current Mailing Address:			New Mailing Address:				
446 S DIXI POMPANO	E HWY D BEACH, FL 33	8060					
FEI Number:		FEI Number Applied For ( )	FEI Number Not Appl	t Applicable (X) Certificate of Status Desired ( )			
Name and	Address of Cu	rrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
TILLEY, MI 2000 GLAE STE 306 BOCA RA		US					
	named entity su of Florida.	bmits this statement for the p	urpose of changing i	ts registere	ed office or registered agent, or bo	th,	
SIGNATUR	RE:						
	Electronic	Signature of Registered Age	nt		Date	_	
Election Car	npaign Financing 1	Trust Fund Contribution ( ).					
OFFICERS	S AND DIRECT	ORS:	ADDITION	S/CHANG	ES TO OFFICERS AND DIRECT	ORS:	
Title: Name: Address: City-St-Zip:	D () D RIGBY, LARRY 446 S DIXIE HWY POMPANO BEAC		Title: Name: Address: City-St-Zip:	D/P RIGBY, LAI 446 S DIXII	(X) Change()Addition RRY		
Title: Name: Address: City-St-Zip:	D () D RIGBY, EILEEN 1423 E HILLSBOI DEERFIELD BEA	RO BLVD, # 518 CH, FL 33411	Title: Name: Address: City-St-Zip:	DEERFIEL	LSBORO BLVD, # 518 D BEACH, FL 33411		
Title: Name: Address:	D () D TOMASELLO, DE 16085 RIO DEL S	BRA	Title: Name: Address:		(X) Change ( ) Addition EELAND, LYNN M ON COURT		

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

HEATH, TX 75032

() Change () Addition

SIGNATURE: LARRY RIGBY D/P 04/29/2005