2005 FOR PROFIT CORPORATION

Jul 18, 2005 8:00 am ANNUAL REPORT **Secrétary of State DOCUMENT # P04000087711** 07-18-2005 90038 044 ***150.00 1. Entity Name TWIGA, INC. Mailing Address Principal Place of Business 20064607 500 FAIRWOOD AVE #178 500 FAIRWOOD AVE #178 CLEARWATER, FL 33759 CLEARWATER, FL 33759 2. Principal Place of Business 3. Mailing Address 1801 BRIGADOON DR 1801 BRIGADOON DR Suite, Apt. #, etc. Suite, Apt. #, etc. 07152005 CR2E034 (10/03) Cha-P Applied For City & State 4 FEI Number City & State CLEARWATER, FL CLEARWATER 20-1207437 Not Applicable \$8.75 Additional 33759 33759 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PHILLIP MUCHEKE. MUCHEKE, PHILLIP Street Address (P.O. Box Number is Not Acceptable) 500 FAIRWOOD AVE #178 CLEARWATER, FU. 33759 1801 BRIGADOON DR. CLEARWATER 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, poth, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent. PHILLIP MUCHEKE, Pres. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature requ \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. Change . ☐ Addition ☐ Delete TITLE TITLE MUCHEKE, PHILLIP NAME MUCHEKE, PHILLIP NAME 500 FAIRWOOD AVE #178 1901 BRIGADOON DR STREET ADDRESS STREET ADDRESS CLEARWATER, FL 33759 CITY-ST-ZIP CLEARWATER, FL 33759 CITY-ST-ZIP n TITLE ☐ Detete TITLE Change Addition MUTUKU, JOSEPHINE NAME NAME STREET ADDRESS STREET ADDRESS 500 FAIRWOOD AVE #178 CITY-ST-ZIP CLEARWATER, FL 33759 CITY-ST-7P ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

PHILLIP MUCHEKE, Pres SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21/15

FILED

Daytime Phone #