


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90161 011 ***150.00

DOCUMENT # P04000087711 1. Entity Name TWIGA, INC.	
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Principal Place of Business 1801 BRIGADOON DR CLEARWATER, FL 33759	Mailing Address 1801 BRIGADOON DR CLEARWATER, FL 33759
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DO NOT WRITE IN THIS SPACE

40063100



04022006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1207437	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MUCHEKE, PHILLIP
1801 BRIGADOON DR
CLEARWATER, FL 33759

**DO NOT WRITE
IN THIS SPACE**

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, 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 <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MUCHEKE, PHILLIP 1801 BRIGADOON DR CLEARWATER, FL 33759
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MUTUKU, JOSEPHINE 500 FAIRWOOD AVE #178 CLEARWATER, FL 33759
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 information.

SIGNATURE:  **PRESIDENT** 04/25/06 813-340 2915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #