


2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-15-2005 90093 045 ***150.00
P04000100227

DOCUMENT # P04000100227
1. Entity Name
KAIROS TWISM ENTERTAINMENT, INC.



FILED

05 JUL -1 PM 2:51

Principal Place of Business Mailing Address
5917 MANATEE AVE WEST, STE 305 4802 51 ST WEST, APT 1724
BRADENTON, FL 34209 BRADENTON, FL 34210

JA

SECRET
TALLAHASSEE, FLORIDA



2. Principal Place of Business 3. Mailing Address
Suits, Apt. #, etc. Suits, Apt. #, etc.

06102005 Chg-P CR2ED04 (10/03)

City & State City & State

4. FEI Number Applied For
20-1206112 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
COFFEY, BRANDON
5917 MANATEE AVE WEST, STE 305
BRADENTON, FL 34209

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE _____
Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when returning.)

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

8. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D COFFEY, BRANDON 4802 51 ST WEST APT 1724 BRADENTON, FL 34210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: *BL* 6/10/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date