


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90038 024 ***150.00

DOCUMENT # P04000111603	
1. Entity Name TJW.S FOUNDATION INC.	

Principal Place of Business 5522 PINTO WAY ORLANDO, FL 32810	Mailing Address 5522 PINTO WAY ORLANDO, FL 32810
--	--

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40040000



01112007 Chg-P CR2E034 (12/06)

4. FEI Number 35-2236140	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BROWN, ANGELINA T 5522 PINTO WAY ORLANDO, FL 32810		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DCEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ANGELINA T	NAME	
STREET ADDRESS	5522 PINTO WAY	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32810	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MARSHALL L	NAME	
STREET ADDRESS	5522 PINTO WAY	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32810	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, LATOSHA	NAME	
STREET ADDRESS	4881 N PINE HILLS RD	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32808	CITY-ST-ZIP	
TITLE	OFFICER <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bruce E. Hall	NAME	
STREET ADDRESS	4881 N. Pine Hill	STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32808	CITY-ST-ZIP	
TITLE	OFFICER <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shambrea Smith	NAME	
STREET ADDRESS	620 Walnut St.	STREET ADDRESS	
CITY-ST-ZIP	Kubumdale FL 33881	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 like empowered.

SIGNATURE: Angelina T. Brown Feb. 13, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #