

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P04000145013 1. Entity Name TWIST IT 2 EXTREME, INC.						FILED 05 JUN 14 AM 11:51 JAIL ANNASSEE, FLORIDA	
Principal Place of Business 2639 FOXWOOD RD. SOUTH ORANGE PARK, FL 32247				Mailing Address 2639 FOXWOOD RD. SOUTH ORANGE PARK, FL 32247			
2. Principal Place of Business			3. Mailing Address P.O. Box 8641				
Suite, Apt. #, etc.			Suite, Apt. #, etc. JACKSONVILLE, FL 32227				
City & State			City & State				
Zip		Country		Zip 32239 Country USA			
4. FEI Number APPLIED FOR				Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WOODROW, AARON C 2639 FOXWOOD RD. SOUTH ORANGE PARK, FL 32247				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Amended AR is \$61.25		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 P <input type="checkbox"/> Delete NAME WOODROW, AARON C STREET ADDRESS 2639 FOXWOOD RD SOUTH CITY-ST-ZIP ORANGE PARK, FL 33247				TITLE DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME → STREET ADDRESS → CITY-ST-ZIP →			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME ROCCO FOLEY STREET ADDRESS 12335 WINDSTREAM LN CITY-ST-ZIP JACKSONVILLE, FL 32225			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE VICE-PRES. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME COLIN KRING STREET ADDRESS 9178 TOTTENHAM CT CITY-ST-ZIP JACKSONVILLE, FL 32257			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME JOHN JEROZAL STREET ADDRESS 9178 TOTTENHAM CT. CITY-ST-ZIP JACKSONVILLE, FL 32257			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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: <u>W. Rocco Foley</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <u>6-02-05</u> Daytime Phone # <u>904 545-8860</u>			