


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000164892 1. Entity Name TSW MANAGEMENT INC						05 DEC 12 PM 12:52 STATE TALLAHASSEE, FLORIDA 05	
Principal Place of Business 35 44TH AVE SUITE 2 ST PETERSBURG FL 33706				Mailing Address 35 44TH AVE SUITE 2 ST PETERSBURG FL 33706			
2. Principal Place of Business 8812 FOUNDERS CIRCLE Suite, Apt. #, etc.				3. Mailing Address 8812 FOUNDERS CIRCLE Suite, Apt. #, etc.			
City & State PALMETTO, FL Zip 34221 Country US				City & State PALMETTO, FL Zip 34221 Country US			
4. FEI Number 20-1993023				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				(P04000164892P) 1212005 REIN-P CR2E098 (6/04)			
6. Name and Address of Current Registered Agent WEBB, TODD 35 44TH AVE SUITE 2 ST PETERSBURG, FL 33706				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: <i>[Signature]</i> DATE: 12/4/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				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: D <input type="checkbox"/> Delete NAME: WEBB, TODD STREET ADDRESS: 35 44TH AVE SUITE 2 CITY-ST-ZIP: ST PETERSBURG, FL 33706				TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 8812 FOUNDERS CIRCLE STREET ADDRESS: PALMETTO FL 34221 CITY-ST-ZIP:			
TITLE: D <input type="checkbox"/> Delete NAME: WEBB, SIGNE STREET ADDRESS: 35 44TH AVE SUITE 2 CITY-ST-ZIP: ST PETERSBURG, FL 33706				TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 8812 FOUNDERS CIRCLE STREET ADDRESS: PALMETTO FL 34221 CITY-ST-ZIP:			
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 500062483925 STREET ADDRESS: 12/30/05--01007--004 **150.00 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:			
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: 12/4/05 (813) Daytime Phone #: 785-2121			