2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 30, 2007 08:00 AN Secretary of State DOCUMENT # P05000082313 1. Entity Name T & W INVESTMENTS OF SW FLORIDA, INC. Mailing Address Principal Place of Business 435 TREMINGTON WAY 435 TREMINGTON WAY VENICE FL 34293 VENICE FL 34293 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1st MOORE CR2E034 (10/06) Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 55-0904008 City & State Not Applicable \$8.75 Additional Country Country Certificate of Status Desired Zip Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent MICHAEL J. BELLE, P.A. 2364 FRUITVILLE ROAD Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34237 City 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 it applicable (NOTE: Registered Agent signature required when rainslating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be · After May 1, 2007 Fee Will Be \$550.00 ..., 49 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. uu Delete mu. Change U00000745755 SAHROW, THOMAS H NAME NAME 05/16/07-80040-019 150.00 435 TREMINGTON WAY STREET ADDRESS STREET ADDRESS VENICE FL 34293 CITY-ST-ZIP CITY-ST-7IP DIDE Defete HILE ☐ Change ☐ Addition PARKER, WAYNE W NAMÉ NAME 11576 DANCING RIVER DR STREET ADDRESS STREET ADDRESS VENICE FL 34293 CITY-ST-ZIP CITY-ST-ZIP Delete 71TLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZiP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-71P CITY - ST- 7IP IIILE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P COTY-SI-ZIP TITLE ☐ Detete THE ☐ Channe ■ Addition NAMI. NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Soction 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 logal offect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted 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.

AME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 2

FILED