

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000089307

Entity Name: THAWIN OUT INC.

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

5049 LANTANA DRIVE
GULF BREEZE, FL 32563

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5591
NAVARRE, FL 32566

New Mailing Address:

5049 LANTANA DRIVE
GULF BREEZE, FL 32563

FEI Number: 13-4320811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOPPELS, JOHN M
6284 CALLE DE HIDALGO
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

KOPPELS, JOHN M
5049 LANTANA DRIVE
GULF BREEZE, FL 32563 US

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.

SIGNATURE: JOHN M KOPPELS

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: KOPPELS, JOHN M
Address: 6284 CALLE DE HIDALGO
City-St-Zip: NAVARRE, FL 32566 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: KOPPELS, JOHN M
Address: 5049 LANTANA DRIVE
City-St-Zip: GULF BREEZE, FL 32563 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M KOPPELS

PRES

05/01/2006

Electronic Signature of Signing Officer or Director

Date