2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000129311



FILED Apr 20, 2006 8:00 am Secretary of State

Three part Place of Business Mailing Address LNRO, Pt. 33771 LNRO, Pt. 33771 Suite, Apr. 4 etc. Depth Place of Business Pla	1. Entity Name TWISS LOGISTICS INC							04-20-2006 9	0211 041	150.	00
LARGO, FL 33771	Principal Place	of Busines	s	Mailing Address	Mailing Address				000T	, ,,,,,	
Suite, Apt. 4, etc. Suite, Apt. 5, etc. D4012006 Chg-P CR2E34 (11/05)									,		
City & State City & State City & State City & State City & State A. FEI number State St	2. Principal Pl										
Zip Country Zip Country Signature and Address of Current Registered Agent 5. Certificate of Statute District Statute Sta	Suite, Apt.	#, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04012006	Chg-P	CR2E034	(11/05)	
S. Cerimizes of Status behave the status and Address of New Registered Agent Fee Required	City & State			City & State	City & State		4. FEI Numbe	3500446	Applied For Not Applicable		
Name	Zip	;	Country	Zip	Country		5. Certificate of Status Desired F			ee Required	
DAMICO, RONALD R 1501 LAKE AVE SE LARGO, FL 33771 8. The above named withly submits this datement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature layes for prised name or impatence agent and 16th layes foliate. spot content for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. spot content for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent appears of prised many or impatence agent and 16th layes foliate. spot content for the purpose of changing its registered agent sometime many of which refreshing the state of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent		6. Name	and Address of Curre	nt Registered Agent	N		7. Name and	Address of New R	egistered Ag	ent	
8. The above named entity submits this statement for the purpose of changing its registered diffice 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 primed name of registered agent and title it applicable. (NOTE Registered Agent strature required 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 primed name of registered agent and title it applicable. (NOTE Registered Agent strature required office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	1501 LAKE	AVE SE									
SIGNATURE Sometiment agent and size it applicable. (NOTE Registerer Agent signature recurse when reliminating) PILE NOWILL SEE IS \$150.00 After May 1, 2006 Face will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1. TITLE P.T. DAMICO, RONALD R SIREST ADDRESS CITY-ST-2P LARGO, FL 33771 TITLE VP.S. SIREST ADDRESS CITY-ST-2P TITLE MAKE STREET ADDRESS CITY-ST-2P TI		e hi			City				FL	Zip Code)
FILE NOW!!! FEE IS \$150.00 After May 1, 2006; Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DAMICO, RONALD R STREET ADDRESS 1501.00 TOURS 1-2P TWEST-2P TARGET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STR	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.										
## After May 1, 2006 Fee will be \$550.00 10.	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
TITLE NAME DAMICO, RONALD R 1501 LAKE AVE SE 1501 LAKE AV	FiLI After Ma	E NOW!!! ay 1, 200	FEE IS \$150.00 6 Fee will be \$550	\$5.0 Added	d to Fees						
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12. Thereby 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP				NAME STREET ADDRESS CITY-ST-ZIP	ontained	in Chapter 119	a Florida Statutes			

of the corporation or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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:

ed RDan SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

YONALD R. DAMICO MES

Daytime Phone #