


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90084 011 ***150.00

DOCUMENT # P06000025985 1. Entity Name TWIRL INC.																															
Principal Place of Business 985 TREASURE LANE VERO BEACH, FL 32963 US		Mailing Address 985 TREASURE LANE VERO BEACH, FL 32963 US																													
2. Principal Place of Business - No P.O. Box # 966 BEACHLAND BLVD.		3. Mailing Address 1325 POSEIDON POINT																													
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																													
City & State VERO BEACH, FL		City & State VERO BEACH, FL																													
Zip 32963	Country 	Zip 32963	Country 																												
4. FEI Number 20-4373965		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent LAVIN, MARY 985 TREASURE LANE VERO BEACH, FL 32963		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1325 POSEIDON POINT City VERO BEACH FL Zip Code 32963																													
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 65%; padding: 2px;"> DIR LAVIN, MARY 985 TREASURE LANE VERO BEACH, FL 32963 <input type="checkbox"/> Delete </td> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 65%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1325 POSEIDON POINT VERO BEACH, FL 32963 </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"> P LAVIN, MARY 985 TREASURE LANE VERO BEACH, FL 32963 <input type="checkbox"/> Delete </td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1325 POSEIDON POINT VERO BEACH, FL 32963 </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"> <input type="checkbox"/> Delete </td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR LAVIN, MARY 985 TREASURE LANE VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1325 POSEIDON POINT VERO BEACH, FL 32963	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAVIN, MARY 985 TREASURE LANE VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1325 POSEIDON POINT VERO BEACH, FL 32963	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby 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 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><i>Mary Lavin</i></u> 4/13/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																															