

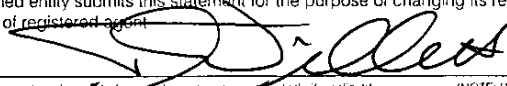
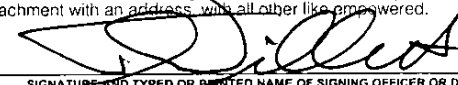


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90013 027 ***158.75

DOCUMENT # P06000139671					
1. Entity Name TKW HOLDINGS, INC.					
Principal Place of Business 100 W. KENNEDY BLVD. SUITE 650 TAMPA, FL 33602 US			Mailing Address 100 W. KENNEDY BLVD. SUITE 650 TAMPA, FL 33602 US		
2. Principal Place of Business - No P.O. Box # 412 E. Madison St.		3. Mailing Address 412 E. Madison St.			
Suite, Apt. #, etc. Suite 1100		Suite, Apt. #, etc. Suite 1100		01072008 Chg-P CR2E034 (12/06)	
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 56-2624087	
Zip 33602		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLETT, THOMAS K 100 W. KENNEDY BLVD. SUITE 650 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Thomas K. Willett Street Address (P.O. Box Number is Not Acceptable) 412 E. Madison St. Suite 1100 City Tampa State FL Zip Code 33602		
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  DATE 2/5/2008 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reappointment.)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D WILLETT, THOMAS K 100 W. KENNEDY BLVD., SUITE 650 TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D Willett, Thomas, K 412 E. Madison St., Suite 1100 Tampa, FL 33602 <input checked="" 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		
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		
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: 			2/5/2008 813-229-0600 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					