

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000070851

FILED
Mar 10, 2005
Secretary of State

Entity Name: TAS INVESTMENTS OF NWF, INC.

Current Principal Place of Business:

P.O.BOX 6372
MIRAMAR BCH, FL 32550

New Principal Place of Business:

702 PROVIDENCE WAY
NICEVILLE, FL 32578 US

Current Mailing Address:

P.O. BOX 6372
MIRAMAR BCH, FL 32550

New Mailing Address:

702 PROVIDENCE WAY
NICEVILLE, FL 32578 US

FEI Number: 59-3208268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHELDON, TROY
719 CLARK DRIVE
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

SHELDON, TROY
702 PROVIDENCE WAY
NICEVILLE, FL 32579 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: TROY SHELDON

03/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHELDON, TROY
Address: P.O. BOX 6372
City-St-Zip: MIRAMAR BCH, FL 32550

Title: DPST () Delete
Name: SHELDON, TROY
Address: P.O. BOX 6372
City-St-Zip: MIRAMAR BCH, FL 32550

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SHELDON, TROY
Address: 702 PROVIDENCE WAY
City-St-Zip: NICEVILLE, FL 32578 US

Title: DPST (X) Change () Addition
Name: SHELDON, TROY
Address: 702 PROVIDENCE WAY
City-St-Zip: NIUCEVILLE, FL 32578 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TROY SHELDON

PES

03/10/2005

Electronic Signature of Signing Officer or Director

Date