


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90002 011 ***158.75

DOCUMENT # P94000037083	
1. Entity Name TWIN ACTION PROPERTIES, INC.	

Principal Place of Business 2915 KERRY FOREST PKWY. SUITE 101 TALLAHASSEE, FL 32309 US	Mailing Address 2915 KERRY FOREST PKWY. SUITE 101 TALLAHASSEE, FL 32309 US
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40025490



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01192007 Chg-P CR2E034 (12/06)

4. FEI Number 54-1435552	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOBBS, ROGER D 3273 N. SHANNON LAKES DR. TALLAHASSEE, FL 32309	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D HOBBS, RONALD H. 2915 KERRY FOREST PKWY. STE 101 TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete VTD HOBBS, ROGER D. 2915 KERRY FOREST PKWY. STE 101 TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete PD HOBBS, ROGER K. 2915 KERRY FOREST PKWY TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete SD HOBBS, CAROLYN F. 2915 KERRY FOREST PKWY. STE 101 TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete VD HOBBS, REAGAN H 2915 KERRY FOREST PKWY. TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete VD HOBBS, BRIAN 2915 KERRY FOREST PKWY. TALLAHASSEE, FL 32309

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition YD
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: <u>ROGER D. HOBBS</u>	Date: <u>2/26/07</u>	Daytime Phone #: <u>(850) 422-0040</u>
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