


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90039 017 ***158.00

DOCUMENT # P94000059085					
1. Entity Name TWIN RIVERS ENTERPRISE, INC.					
Principal Place of Business 3931 FERN GLEN DRIVE JACKSONVILLE FL 32211			Mailing Address 3931 FERN GLEN DRIVE JACKSONVILLE FL 32211		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3268123	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent WHITE, CALEB JR 3931 FERN GLEN DRIVE JACKSONVILLE FL 32211				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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when nonresident.) (DATE)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITE, CALEB JR			NAME			
STREET ADDRESS	3931 FERN GLEN DRIVE			STREET ADDRESS			
CITY- ST- ZIP	JACKSONVILLE FL 32211			CITY- ST- ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUEY, LOUISE R.A.			NAME			
STREET ADDRESS	204 W CHURCH ST			STREET ADDRESS			
CITY- ST- ZIP	JACKSONVILLE FL 32202			CITY- ST- ZIP			
TITLE	O	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WORTHY, WALTER A			NAME			
STREET ADDRESS	3931 FERN GLEN DR.			STREET ADDRESS			
CITY- ST- ZIP	JACKSONVILLE FL 32277			CITY- ST- ZIP			
TITLE	O	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITE, CARMEN A			NAME			
STREET ADDRESS	14645 MARSH VIEW DR			STREET ADDRESS			
CITY- ST- ZIP	JACKSONVILLE BEACH FL 32250			CITY- ST- ZIP			
TITLE	O	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALKER, FRANK T			NAME			
STREET ADDRESS	PO BOX 8195			STREET ADDRESS			
CITY- ST- ZIP	JACKSONVILLE FL 32239			CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Caleb White **2-7-07** **904-743-2758**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #