

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000071142

Entity Name: TSW PRODUCTIONS, INC.

FILED  
Apr 09, 2007  
Secretary of State

## Current Principal Place of Business:

210 W. 11TH AVE.  
MT. DORA, FL 32757 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 494  
SORRENTO, FL 32776 US

## New Mailing Address:

FEI Number: 59-3267686

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALKER, TIMOTHY S  
210 W. 11TH AVE.  
MOUNT DORA, FL 32757 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WALKER, TIMOTHY  
Address: 210 W 11TH AVE  
City-St-Zip: MT. DORA, FL 32757

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WALKER, TIMOTHY  
Address: 210 W 11TH AVENUE  
City-St-Zip: MT. DORA, FL 32757 US

Title: VP ( ) Change (X) Addition  
Name: WALKER, ROBIN  
Address: 210 W 11TH AVENUE  
City-St-Zip: MT DORA, FL 32757 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: TIMOTHY SCOTT WALKER

P

04/09/2007

Electronic Signature of Signing Officer or Director

Date