


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90013 034 ***158.75

DOCUMENT # P95000012853	
1. Entity Name T R D W, INC.	

Principal Place of Business 20701 STIRLING ROAD PEMBROKE PINES, FL 33332 US	Mailing Address 20701 STIRLING ROAD PEMBROKE PINES, FL 33332 US
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DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0565788	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WEEKLEY, WAYNE D 20701 STIRLING ROAD PEMBROKE PINES, FL 33332

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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 reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	D
NAME	WEEKLEY, WAYNE D
STREET ADDRESS	4840 S.W. 188TH AVE
CITY - ST - ZIP	FT. LAUDERDALE, FL 33332
TITLE	D
NAME	WEEKLEY, DANIEL D.
STREET ADDRESS	5321 SW 199TH AVE
CITY - ST - ZIP	FORT LAUDERDALE, FL 33332
TITLE	D
NAME	WEEKLEY, TROY L.
STREET ADDRESS	4931 SW 198TH TERRACE
CITY - ST - ZIP	FT. LAUDERDALE, FL 33332
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> WAYNE D. WEEKLEY	1-16-06 <small>Date</small>	954-680-8005 <small>Daytime Phone #</small>
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