2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 24, 2005 08:00 AM Secretary of State

772 335 1441

| DOCUMENT # P95000018961 1. Entity Name TWILIGHT PRODUCTION, INC. | | | | Secretary of Stat |
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| Principal Place 1256 SE PAI PORT ST. LU | | Mailing Address 1256 SE PALM BCH RD PORT ST. LUCIE, FL 34952 | us | . I HERAUTERI TUR JENNY ANTIK ARTIK ARTIK ARTIK ARTIK ARTIK KANAL INGAN INGAN KRINA PINAL TIKKARI IN DARI |
| DO NOT WRITE IN THIS SPAC | | | | 01282005 No Chg-P CR2E034 (10/03) 4. FEI Number 65-0566399 |
| 1256 SE P | , BERNARD W JR. ALM BEACH ROAD LUCIE, FL 34952 | Sitista Admi | | DO NOT WRITE IN THIS SPACE |
| 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 9. Election Campaign Financing \$5.00 May Be | | | | |
| After Ma | E NOW!!! FEE IS \$150.00 ny 1, 2005 Fee will be \$550.00 OFFICERS AND D | Trust Fund Contribution. | | ded to Fees |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP | D CAFFARO, ANN M 1256 SE PALM BCH RD PORT ST. LUCIE, FL 34952 | incororio , | | U00000241095 02/24/05-80030-016 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | · · · · · · · · · · · · · · · · · · · | <u> </u> | | |
| NAME STREET ADDRESS CITY-ST-ZIP | al galanda. | | | DO NOT WRITE |
| NAME STREET ADDRESS GITY-ST-ZIP | | | <u>.</u> | IN THIS SPACE |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP | | water - A | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |
| 12. I hereby certify that the information supplied with this filling does not qualify 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 signature shall have the same legal effect as if made under oath, that I am an officer or director of the comporation 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. | | | | |