2006 FOR PROFIT CORPORATION ANNUAL REPORT

4/1

FILED
May 03, 2006 8:00 am
Secretary of State
04-18-2006 90069 010 ***150.00

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1. Entity Name
TWILIGHT PRODUCTION, INC.

Principal Place of Business	Mailing Address
1256 SE PALM BCH RD PORT ST. LUCIE, FL 34952 US	1256 SE PALM BCH RD PORT ST. LUCIE, FL 34952 US

DO NOT WRITE IN THIS SPACE

01252006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0566399
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CAFFARO, BERNARD W JR.
1256 SE PALM BEACH ROAD
PORT ST. LUCIE, FL 34952

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CAFFARO, ANN M
STREET ADDRESS	1256 SE PALM BCH RD
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4-29-06 772 335 1441
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #