2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006
Secretary of State

DOCUMENT# P95000044524

Entity Name: TWILIGHT GROUP, INC.

Current Principal Place of Business:

1608 CAROLEWOOD COURT
#2
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

1608 CAROLEWOOD COURT
#2
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-3225377 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALLAGHER, DEAN W
1608 CAROLEWOOD COURT
#2
TALLAHASSEE, FL 32308 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:	PMD	( ) Delete
Name:	GALLAGHER, DEAN W	
Address:	1608 CAROLEWOOD COURT, #2	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	TS	( ) Delete
Name:	GALLAGHER, ERIN S	
Address:	1608 CAROLEWOOD COURT, #2	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	D	( ) Delete
Name:	KLEIN, KEVIN N	
Address:	2311 PIONEER RD	
City-St-Zip:	SEARCY, AR 72143	
Title:	D	( ) Delete
Name:	KLEIN, LORI K	
Address:	2311 PIONEER RD	
City-St-Zip:	SEARCY, AR 72143	
Title:	D	( ) Delete
Name:	GROSS, ERIC L	
Address:	2 JULNER DR	
City-St-Zip:	SEARCY, AR 72143	
Title:	D	( ) Delete
Name:	GROSS, LINDA R	
Address:	2 JULNER DR	
City-St-Zip:	SEARCY, AR 72143	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: ERIN GALLAGHER TS 04/14/2006

Electronic Signature of Signing Officer or Director — Date