

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90044 005 ***150.00

DOCUMENT # P96000020115 1. Entity Name TWIN PINES, INC.				 																									
Principal Place of Business 10151 UNIVERSITY BLVD SUITE 105 ORLANDO, FL 32817 US		Mailing Address 10151 UNIVERSITY BLVD SUITE 105 ORLANDO, FL 32817 US																											
2. Principal Place of Business 5001 TANGERINE AVE Suite, Apt. #, etc.		3. Mailing Address 5001 TANGERINE AVE Suite, Apt. #, etc.																											
City & State WINTER PARK, FL Zip 32792		City & State WINTER PARK, FL Zip 32792		4. FEI Number 59-3366895																									
Country U.S.A.		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent BAKER, ESQ. R 2431 ALOMA AVE STE 124 WINTER PARK, FL 32792				7. Name and Address of New Registered Agent Name R. BAKER, ESQ. Street Address (P.O. Box Number is Not Acceptable) 1355 ORANGE AVE, SUITE 3 City WINTER PARK FL Zip Code 32789																									
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 <u><i>R. Baker, Esq.</i></u> (R. BAKER, ESQ.) DATE 4-30-03 <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BAKER, RICHARD A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10151 UNIVERSITY BLVD., STE 105</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32817</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	BAKER, RICHARD A		STREET ADDRESS	10151 UNIVERSITY BLVD., STE 105		CITY-ST-ZIP	ORLANDO, FL 32817		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PRESIDENT</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>RICHARD A. BAKER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5001 TANGERINE AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WINTER PARK, FL 32792</td> <td></td> </tr> </table>			TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	RICHARD A. BAKER		STREET ADDRESS	5001 TANGERINE AVE		CITY-ST-ZIP	WINTER PARK, FL 32792	
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CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing 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 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:

R. Baker Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03 407-671-1462
Date Daytime Phone #