

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000036521

Entity Name: TWISTED HEART, INC.

**FILED**  
**Feb 14, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

936 N FEDERAL HWY  
HOLLYWOOD, FL 33020 US

**New Principal Place of Business:**

**Current Mailing Address:**

936 N FEDERAL HWY  
HOLLYWOOD, FL 33020 US

**New Mailing Address:**

FEI Number: 65-0663093

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILLIAMS, NOEL B  
1090 CLARA AVE  
TAVARES, FL 32778 US

**Name and Address of New Registered Agent:**

WILLIAMS, NOEL B  
2415 OBERLIN AVE  
ORLANDO, FL 32804 US

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: NOEL B. WILLIAMS

02/14/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: WILLIAMS, NOEL B  
Address: 2415 OBERLIN AVE  
City-St-Zip: ORLANDO, FL 32804

Title: VPT  
Name: WILLIAMS, MICHELLE L  
Address: 2415 OBERLIN AVE  
City-St-Zip: ORLANDO, FL 32804

I hereby 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 all other like empowered.

SIGNATURE: MICHELLE WILLIAMS

VPT

02/14/2012

Electronic Signature of Signing Officer or Director

Date