2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006
Secretary of State

DOCUMENT# P96000046039

Entity Name: TWIN TREE SERVICE, INC.

Current Principal Place of Business:

11450 NW 56 DR
APT 110
CORAL SPRINGS, FL 33076 US

New Principal Place of Business:

784 NW 126TH AVENUE
CORAL SPRINGS, FL 33071 US

Current Mailing Address:

11450 NW 56 DR
APT 110
CORAL SPRINGS, FL 33076 US

New Mailing Address:

784 NW 126TH AVENUE
CORAL SPRINGS, FL 33071 US

FEI Number: 65-0679877 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOALE, KEITH V
11450 NW 56TH DR
APT 110
CORAL SPRINGS, FL 33076 US

Name and Address of New Registered Agent:

MOALE, KEITH V
784 NW 126TH AVENUE
CORAL SPRINGS, FL 33071 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: 03/29/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MOALE, HOLLIE R
Address: 11450 N.W. 56 DRIVE, APT. 110
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: VP ( ) Delete
Name: MOALE, KEITH U
Address: 11450 NW 56TH DRIVE, APT 110
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MOALE, HOLLIE R
Address: 784 NW 126TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: VP (X) Change ( ) Addition
Name: MOALE, KEITH V
Address: 784 NW 126TH AVENUE
City-St-Zip: CORAL SPRINGS, FL 33071

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: HOLLIE R. MOALE P 03/29/2006
Electronic Signature of Signing Officer or Director — Date