

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000054936

FILED
Apr 28, 2005
Secretary of State

Entity Name: TWIN PEAK MANAGEMENT, INC.

Current Principal Place of Business:

3969 SW 56TH TRAIL
TRENTON, FL 32693 US

New Principal Place of Business:

491 GRANDVIEW AVENUE
ORMOND BEACH, FL 32176 US

Current Mailing Address:

3969 SW 56TH TRAIL
TRENTON, FL 32693 US

New Mailing Address:

491 GRANDVIEW AVENUE
ORMOND BEACH, FL 32176 US

FEI Number: 65-0764452

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INGRAM, ALISON
3969 SW 56TH TRAIL
TRENTON, FL 32693 US

Name and Address of New Registered Agent:

INGRAM, ALISON
491 GRANDVIEW AVENUE
ORMOND BEACH, FL 32176 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: ALISON INGRAM

04/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: INGRAM, ALISON
Address: 3969 SW 56TH TRAIL
City-St-Zip: TRENTON, FL 32693

Title: VD () Delete
Name: INGRAM, MICHAEL
Address: 3969 SW 56TH TRAIL
City-St-Zip: TRENTON, FL 32693

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: INGRAM, ALISON
Address: 491 GRANDVIEW AVENUE
City-St-Zip: ORMOND BEACH, FL 32176

Title: VD (X) Change () Addition
Name: INGRAM, MICHAEL
Address: 491 GRANDVIEW AVENUE
City-St-Zip: ORMOND BEACH, FL 32176

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALISON INGRAM

PD

04/28/2005

Electronic Signature of Signing Officer or Director

Date