2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# P97000054936

Entity Name: TWIN PEAK MANAGEMENT, INC.

Current Principal Place of Business:

491 GRANDVIEW AVENUE
ORMOND BEACH, FL 32176 US

New Principal Place of Business:

491 GRANDVIEW AVE
ORMOND BEACH, FL 32176 US

Current Mailing Address:

491 GRANDVIEW AVENUE
ORMOND BEACH, FL 32176 US

New Mailing Address:

PO BOX 2211
ORMOND BEACH, FL 32175 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
491 GRANDVIEW AVENUE
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

INGRAM, ALISON
491 GRANDVIEW AVE
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: 04/25/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: INGRAM, ALISON
Address: PO BOX 2211
City-St-Zip: ORMOND BEACH, FL 32175

Title: VD (X) Change ( ) Addition
Name: INGRAM, MICHAEL
Address: PO BOX 2211
City-St-Zip: ORMOND BEACH, FL 32175

I hereby certify that the information supplied with this filing does not qualify 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: ALISON INGRAM PD 04/25/2007
Electronic Signature of Signing Officer or Director Date