

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000054936

FILED
Apr 28, 2008
Secretary of State

Entity Name: TWIN PEAK MANAGEMENT, INC.

Current Principal Place of Business:

491 GRANDVIEW AVE
ORMOND BEACH, FL 32176 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2211
ORMOND BEACH, FL 32175 US

New Mailing Address:

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 AVE
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

04/28/2008

Electronic Signature of Signing Officer or Director

Date