FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT 2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000086913

1. Corporation Name
TRANS-WORLD CONSULTING GROUP, INC.

Principal Place of Business	Mailing Address
3802 EHRLICH ROAD	3802 EHRLICH ROAD
SUITE # 210	SUITE # 210
TAMPA, FLORIDA 33624	TAMPA, FLORIDA 33624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
10-06-1997

2. Principal Place of Business	**2a.** Mailing Address `26`	**4.** FEI Number 59-3477319 — Applied For / Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. `27`	**5.** Certifcate of Status Desired ☐ — **$8.75** Additional Fee Required
City & State	City & State `28`	**6.** Election Campaign Financing ☐ Trust Fund Contribution — **$5.00** May Be Added to Fees
Zip `25` Country	Zip `29` Country `30`	**8.** This corporation owes the current year Intangible Personal Property Tax. ☐Yes ☒No

9. Name and Address of Current Registered Agent		**10.** Name and Address of New Registered Agent
SMITH, SMITTY 3802 EHRLICH ROAD SUITE # 210 TAMPA, FLORIDA 33624	`81` Name	
	`82` Street Address (P.O. Box Number is Not Acceptable)	
	`83`	
	`84` City	`85` Zip Code FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE 4/20/00

12. OFFICERS AND DIRECTORS		**13.**	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LANE, KIRK		1.2 NAME		
STREET ADDRESS	18327 BLUEWATER COVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HUMBLE, TX 77346		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KIRK, DANIEL		2.2 NAME		
STREET ADDRESS	22835 RIVER BIRCH DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	TOMBALL, TX 77375		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, SMITTY		3.2 NAME		
STREET ADDRESS	3802 EHRLICH ROAD, SUITE 210		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FLORIDA 33624		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #