2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000002532

1. Entity Name
TWO HUTS, INC.

Principal Place of Business	Mailing Address
1620 GULF OF MEXICO DR. LONGBOAT KEY, FL 34228	1620 GULF OF MEXICO DR LONGBOAT KEY, FL 34228

DO NOT WRITE IN THIS SPACE

03052007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0809841	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KLAUBER, MURRAY J
1602 GULF OF MEXICO DRIVE
LONGBOAT KEY, FL 34228

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000685350 04/03/07-80004-003 150.00

10.   OFFICERS AND DIRECTORS

TITLE	DPST
NAME	KLAUBER, MURRAY J DR.
STREET ADDRESS	1620 GULF OF MEXICO DR.
CITY-ST-ZIP	LONGBOAT KEY, FL 34228

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   3/27/07   941-383-7419

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