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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000087359 1. Corporation Name THE TWO OF US, INC.			
Principal Place of Business		Mailing Address	
2615 ADA ARNOLD ROAD ST. AUGUSTINE FL 32092		2615 ADA ARNOLD ROAD ST. AUGUSTINE FL 32092	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip Country		28 Zip Country	
24		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LITTLEFIELD, PAMELA 2615 ADA ARNOLD ROAD ST. AUGUSTINE FL 32092		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 <i>Pamela Littlefield</i>		DATE <i>1-5-99</i>	
(NOTE: Registered Agent signature required when reappointing)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <i>President</i> <input type="checkbox"/> DELETE NAME <i>Gloria Horsley</i> STREET ADDRESS <i>2635 Ada Arnold Rd</i> CITY-STATE-ZIP <i>St. Augustine, FL 32092</i>		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP	
TITLE <i>Chairman</i> <input type="checkbox"/> DELETE NAME <i>Pamela Littlefield</i> STREET ADDRESS <i>2615 Ada Arnold Rd</i> CITY-STATE-ZIP <i>St. Augustine, FL 32092</i>		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	

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: *Pamela Littlefield*

1-5-99

904-825-0921

CRJE034 (1/1998)