2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED May 01, 2006 08:00 AM Secretary of State

DOCUMENT # P98000092039 1. Entity Name TWIM, INC.	-			Secre	etai y o	State
Principal Place of Business Mailing Address 4448 EDGEWATER DRIVE 4448 EDGEWATER DRIVE ORLANDO, FL 32804 US ORLANDO, FL 32804 US						
						
DO NOT WRITE IN THIS SPACE			04282006 4. FEI Numbe	No Chg-P	CR2E034 (11/05) Applied For
			59-3540217 Not Applicable 5. Certificate of Status Desired Sea Regulared 5. Sea Regulared			
6. Name and Address of Current Registered Agent						
SCHIAVI, MARIA A 4448 EDGEWATER DRIVE ORLANDO, FL 32804	SEWATER DRIVE					
 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 it applicable in	NOTE, Registered A	gent signature required	f when reinstating)		DATE	 -
FILE NOWIII FEE IS \$150.00 9. Election Cam After May 1, 2006 Foo will be \$550.00 Trust Fund Ca		ing \$5. □ Add	.00 May Be ad to Fees			
10. OFFICERS AND DIRECTORS						
TITLE DPST NAME SCHIAVI, MARIA A STREET ADDRESS 4448 EDGEWATER DRIVE CITY-51-2IP ORLANDO, FL 32804						
TITLE NAME SIREET ADDRESS CITY-57-21P				U00000 85/16/06	0554815 -8000 8- 01	1 150.00
Title NAME STREET ADDRESS GITT-ST-ZIT			DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN 7	THIS SF	PACE	
TITLE NAME STREET ADDRESS GHY-ST-ZIP						
ISSLE NAME STREET ADDRESS						
city st-zer 12. I hereby certify that the information supplied with this filing does not qualify indicated on this report of supplemental reports true and accurate and the of the corporation or the accurate returning the reports of the corporation or the accurate this rep.	at my signatur	e shall have the :	same legal ellec	t as if made under d	oath; that I am as	n Officer or director 1