2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 8:00 am Secretary of State

DOCUMENT # P99000072464 1. Entity Name TWOMAYS, INC.					02-25-2008 90060 028 ***150.00			
Principal Place of Business 4058 OAK POINTE DR GULF BREEZE, FL 32563		Mailing Address 4058 OAK POINTE DR GULF BREEZE, FL 32563	1	00\$	31842			
2. Principal Place of Business - No P.O. Box # 3. Mailing Address PO Suite, Apt. #, etc. 3. Walling Address Suite, Apt. #, etc.		<u>3</u> 5	02122008	02122008 Chg-P CR2E034 (12/06)				
	conment t	City & State Persocoló	EL_	FEI Numbe 59-359 Certificate				
Zip Zip Zip Country Zip Zip Country 3 253 H Country 3 253 H			<u>U.S.</u>		Address of New R	Fee Require	·ď	
MAY, ROY JEFFREY 4058 OAK POINTE DR GULF BREEZE, FL 32563 Name May Roy J Street Address (P.O. Box Number is Not Accepted) Gity Cantonnent						effrey		
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 purified name of registered agent and title if applicable. INOTE: Registered Agent signature required when reinstating) OATE								
FILE-NOWIII_FEE_IS:\$150-00 After-May_1, 2008: Fee: will: be_\$550.00; 9. Election Campaign Financing \$5.00 May Be Added to Fees								
10.	OFFICERS AND (11.	ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR		
NAME STREET ADDRESS CITY-ST-ZIP	MAY, ROY JEFFREY 4058 OAK POINTE DR GULF BREEZE, FL 32563	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	394 S Cantonn	Hishur, ent Fl	32533	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAY, MARY 4058 OAK POINTE DR GULF BREEZE, FL 32563	☐ Delete	NAME ADDRESS CITY-ST-ZIP	May, M 394 5 H	lory swy 2	∠ Change	Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19, Florida Statutes. I turther 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 AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR