

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V66411

Entity Name: T F W ENTERPRISES, INC.

FILED  
Apr 28, 2006  
Secretary of State

**Current Principal Place of Business:**

4050 N.W. 42ND AVENUE, SUITE 318  
LAUDERDALE LAKES, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

4050 N.W. 42ND AVENUE, SUITE 318  
LAUDERDALE LAKES, FL 33319

**New Mailing Address:**

FEI Number: 65-0358191

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMPCKINS, WINFRED  
4050 N.W. 42ND AVENUE, SUITE 318  
LAUDERDALE LAKES, FL 33319 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P, D ( ) Delete  
Name: THOMPCKINS, WINFRED  
Address: 4050 N.W. 42ND AVENUE, SUITE 318  
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: V,D, ( ) Delete  
Name: THOMPCKINS, MARCIA  
Address: 4050 N.W. 42ND AVENUE, SUITE 318  
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: S ( ) Delete  
Name: THOMPCKINS, MARCIA  
Address: 4050 NW 42ND AVENUE, STE. #318  
City-St-Zip: LAUDERDALE LAKES, FL 33319

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WINFRED THOMPCKINS

PRES

04/28/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date