

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000003866

Entity Name: TWILIGHTLIVING.COM, INC.**Current Principal Place of Business:**13808 F ST
OMAHA, NE 68137**Current Mailing Address:**13808 F ST
OMAHA, NE 68137**FEI Number:** 91-2008863**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title CEO, DIRECTOR
Name SENSOR, WAYNE
Address 13808 F ST
City-State-Zip: OMAHA NE 68137

Title CFO, DIRECTOR
Name CHAMBERS, STEVE
Address 13808 F ST
City-State-Zip: OMAHA NE 68137

Title DIRECTOR
Name CASSLING, MIKE
Address 13808 F ST
City-State-Zip: OMAHA NE 68137

Title DIRECTOR
Name SALEM, KYLE
Address 13808 F ST
City-State-Zip: OMAHA NE 68137

Title PRESIDENT
Name CASTILLO, LUIS
Address 13808 F ST
City-State-Zip: OMAHA NE 68137

I hereby 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 all other like empowered.

SIGNATURE: STEVEN R CHAMBERS

CFO

01/22/2016

Electronic Signature of Signing Officer/Director Detail_____
Date