


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90330 035 ***150.00

DOCUMENT # 248119	
1. Entity Name WOODCREST TERRACE APARTMENTS INC	

Principal Place of Business 615 SOUTH RIVERSIDE DRIVE POMPANO BEACH FL 33062	Mailing Address 615 SOUTH RIVERSIDE DRIVE POMPANO BEACH FL 33062
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E034 (10/04)

4. FEI Number 59-1454410	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BROESAMLE, WADE 615 S RIVERSIDE DR #7 POMPANO BCH FL 33062	7. Name and Address of New Registered Agent Name PATRICIA RAPP Street Address (P.O. Box Number is Not Acceptable) 615 S. RIVERSIDE DR. #9 City POMPANO BEACH FL Zip Code 33062
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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 *Patricia Rapp* **TREASURER** *Patricia Rapp* **APRIL 20, 2005**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME RAPP, PATRICIA	STREET ADDRESS 615 S RIVERSIDE DR 9	CITY-ST-ZIP POMPANO BCH FL 33062
TITLE NAME DUNN, AMY	STREET ADDRESS 615 S RIVERSIDE DR 2	CITY-ST-ZIP POMPANO BEACH FL 33062
TITLE NAME DUNN, JOAN	STREET ADDRESS 615 S RIVERSIDE DR 1	CITY-ST-ZIP POMPANO BEACH FL 33062
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME PATRICIA RAPP	STREET ADDRESS 615 S. RIVERSIDE DR. 9	CITY-ST-ZIP POMPANO BEACH, FL 33062	
TITLE NAME CLIFFORD KING	STREET ADDRESS 615 S. RIVERSIDE DR. 7	CITY-ST-ZIP POMPANO BEACH, FL 33062	
TITLE NAME DEWAYNE CARTER	STREET ADDRESS 615 S. RIVERSIDE DR. 10	CITY-ST-ZIP POMPANO BEACH, FL 33062	
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	

12. 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 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: *Patricia Rapp* **PATRICIA RAPP** *Patricia Rapp* **APRIL 20, 2005** **954-941-7210**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #