


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90075 025 ****61.25

DOCUMENT # 704057			
1. Entity Name WOODCREST ARMS INC			
Principal Place of Business 2500 E SAMPLE RD LIGHTHOUSE POINT FL 33064 US		Mailing Address 2500 E SAMPLE RD LIGHTHOUSE POINT FL 33064 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 59-1035492		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RICHARDSON, THOMAS W 2500 E SAMPLE RD #10 LIGHTHOUSE POINT FL 33064		7. Name and Address of New Registered Agent Name THOMAS J. LEONE Street Address (P.O. Box Number is Not Acceptable) 2500 NE 36 ST 2 City LIGHTHOUSE POINT FL Zip Code 33064	
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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 Thomas J. Leone DATE 04/22/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D <input type="checkbox"/> Delete	NAME: RAHTJEN, MARGARET STREET ADDRESS: 2500 NE 36 ST 8 CITY-ST-ZIP: LIGHTHOUSE POINT FL 33064	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input checked="" type="checkbox"/> Delete	NAME: MARKWELL, WENDY STREET ADDRESS: 2500 NE 36 STREET #11 CITY-ST-ZIP: LIGHTHOUSE POINT FL 33064	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input checked="" type="checkbox"/> Delete	NAME: ALLEN, SUSAN STREET ADDRESS: 2500 NE 36 ST 7 CITY-ST-ZIP: LIGHTHOUSE POINT FL 33064	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: SD <input type="checkbox"/> Delete	NAME: LEONE, THOMAS STREET ADDRESS: 2500 NE 36 ST #2 CITY-ST-ZIP: LIGHTHOUSE POINT FL 33064	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PTD
TITLE: <input checked="" type="checkbox"/> Delete	NAME: FURST, CAROLYN STREET ADDRESS: 2500 NE 36 ST 1 CITY-ST-ZIP: POMPANO BEACH FL 33064	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	SD NAME: JULIA FRISKEY STREET ADDRESS: 2500 NE 36 ST 5 CITY-ST-ZIP: LIGHTHOUSE POINT FL 33064

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, 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: Thomas J. Leone **THOMAS J. LEONE** DATE: 04/22/07 PHONE: 954 461 1216