2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#739292

FILED Mar 13, 2006 Secretary of State

Entity Name: SPRINGWOOD ESTATES, INC.

Current Principal Place of Business: New Principal Place of Business: 951 EYSTER BLVD ROCKLEDGE, FL 32955 **Current Mailing Address: New Mailing Address:** 1694 CEDAR ST ROCKLEDGE, FL 32955 US FEI Number: 59-2193020 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HUDSON, LYNN 3804 LA FLOR DRIVE ROCKLEDGE, FL 32955 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition PRINGLE, J R BOUCHER, M Name: Name: 1182 POTOMAC DRIVE Address: 3826 MURRELL RD. Address: City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip: ROCKLEDGE, FL 32955 Title: Title: () Delete () Change () Addition Name: COLUMBO, JOE Name: Address: 2351 W. EAU GALLIE BLVD., SUITE 1 Address: City-St-Zip: MELBOURNE, FL 32935 City-St-Zip: Title: () Delete Title: (X) Change () Addition COLLINS, SUSAN Name: COLLINS, SUSAN Name: 152 WINDWARD WAY 152 WINDWARD WAY Address: Address: City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 Title: () Delete Title: (X) Change () Addition Name: DROPESKI, CYNDI Name: DROPESKI, CYNDI 680 W EAUGALLIE BLVD 680 W EAUGALLIE BLVD Address: Address: City-St-Zip: MELBOURNE, FL 32935 City-St-Zip: MELBOURNE, FL 32935 Title: () Delete Title: (X) Change () Addition LAIBL, JAMES C JR COOKE, DAVID Name: Name: 3500 N. SYLVAN LANE 1694 CEDAR ST. Address: Address: MELBOURNE, FL 32937 City-St-Zip: City-St-Zip: ROCKLEDGE, FL 32955 Title: () Delete Title: () Change () Addition MYERS, JIM Name: Name: Address: 750 N. ATLANTIC AVE., SUITE 604 Address: COCOA BEACH, FL 32931 City-St-Zip: 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN HUDSON CFO 03/13/2006