2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002609

Entity Name: GOODWYN MILLS & CAWOOD, INC.

FILED Jan 19, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
125 INTERSTATE PARK DRIVE MONTGOMERY, AL 36109				2660 EASTCHASE LANE SUITE 200 MONTGOMERY, AL 36117			
Current Mailing Address:				New Mailing Address:			
PO BOX 24 MONTGON	42128 MERY, AL 361	24					
FEI Number:	63-0906620	FEI Number Applied For ()	FEI Numb	oer Not Applic	cable ()	Certificate of Stat	us Desired ()
Name and	Address of C	Current Registered Agent:	1	Name and A	Address of N	lew Registered	Agent:
392 WALT	, WILLIAM E ON ROSE LAI DITY, FL 3241						
	named entity see of Florida.	submits this statement for the pu	irpose of o	changing its	s registered o	ffice or registered	d agent, or both,
SIGNATUF	RE:						
	Electror	ic Signature of Registered Ager	nt			Date	
Election Can	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	CP () CAWOOD, STE 9731 WYNCHA MONTGOMERY	SE CIRCLE	N A	Fitle: Name: Address: City-St-Zip:	()	Change () Addition	n
Title: Name: Address: City-St-Zip:	VCT () REED, DAVID I 3707 FREEMAI MONTGOMERY	N COURT	A A	Fitle: Name: Address: Dity-St-Zip:	()	Change () Addition	n
Title: Name: Address: City-St-Zip:	DS () WALLACE, WII 3338 THOMAS MONTGOMERY	AVENUE	N A	Fitle: Name: Address: City-St-Zip:	()	Change () Addition	n
Title: Name: Address: City-St-Zip:	DS () BELK, JOHN W PO BOX 87 SALEM, AL 36	/ JR	N A	Fitle: Name: Address: City-St-Zip:	()	Change () Addition	n
Title: Name: Address: City-St-Zip:	MILLS, DONAL	TE PARK DRIVE	N A	Fitle: Name: Address: City-St-Zip:	V (X) MILLS, DONAL PO BOX 24212 MONTGOMERY	8	n
Title: Name: Address: City-St-Zip:	GOODWYN, G	TE PARK DRIVE	N A	Fitle: Name: Address: City-St-Zip:	V (X) GOODWYN, GE PO BOX 24212 MONTGOMERY	8	n

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: BARBARA BAKER D 01/19/2006