
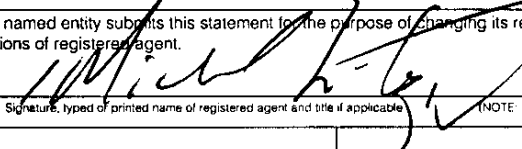
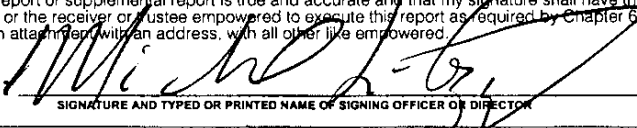


FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90040 038 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F47705 1. Entity Name WOOD BUSINESS PRODUCTS, INC.		
Principal Place of Business % ANNABELLE H WOOD 5350 NW 35TH TERRACE SUITE 101 FT LAUDERDALE, FL 33309		Mailing Address % ANNABELLE H WOOD 5350 NW 35TH TERRACE SUITE 101 FT LAUDERDALE, FL 33309
2. Principal Place of Business - No P.O. Box # 5350 NW 35TH Terrace Suite, Apt. #, etc. Suite 101 City & State Fort Lauderdale, FL Zip 33309	3. Mailing Address 5350 NW 35TH Terrace Suite, Apt. #, etc. Suite 101 City & State Fort Lauderdale, FL Zip 33309	01242007 Chg-P CR2E034 (12/06) 4. FEI Number 59-2126542 Applied For Not Applicable
6. Name and Address of Current Registered Agent WOOD, ANNABELLE H PCEO 5350 NW 35TH TERRACE SUITE 101 FT LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name Cozzens, Michael Street Address (P.O. Box Number is Not Acceptable) 5350 N.W. Terrace Ste 101 City Fort Lauderdale FL Zip Code 33309
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:  DATE: 2-2-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PCEO <input checked="" type="checkbox"/> Delete NAME WOOD, ANNABELLE H PCEO STREET ADDRESS 5350 NW 35TH TERRACE SUITE 101 CITY-ST-ZIP FORT LAUDERDALE, FL 33309	TITLE DP <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME Cozzens, Michael STREET ADDRESS 5350 N.W. Terrace Ste 101 CITY-ST-ZIP Fort Lauderdale, FL 33309	TITLE DIR <input checked="" type="checkbox"/> Delete NAME WOOD, CHARLES E DIR STREET ADDRESS 5350 NW 35TH TERRACE SUITE 101 CITY-ST-ZIP FORT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Pater, Anthony STREET ADDRESS 3510 Avignon Court CITY-ST-ZIP Houston, Tx 77082	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Pater, Todd STREET ADDRESS 3607 Louvre Lane CITY-ST-ZIP Houston, Tx 77082	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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 exemptions contained 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 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 attached report with an address, with all other like empowered.		
SIGNATURE:  DATE: 2-2-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DAYTIME PHONE # 954-493-7422

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