

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2006**  
**Secretary of State**

DOCUMENT# N94000004551

Entity Name: SHADOWOOD II, INC.

**Current Principal Place of Business:**

464 SW FOURTH AVE  
FT LAUDERDALE, FL 33315

**New Principal Place of Business:**

**Current Mailing Address:**

307 SW 5TH STREET  
FT LAUDERDALE, FL 33315 US

**New Mailing Address:**

FEI Number: 65-0519468      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TOWNE, M.E.  
8800 NW 35 STREET  
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

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:**

Title: D ( ) Delete  
Name: GARRETT, ROBERT  
Address: 1601 SW 12 COURT  
City-St-Zip: FT LAUDERDALE, FL 33312

Title: D ( ) Delete  
Name: SEGIN, JAMES  
Address: 1540 NE 45 STREET  
City-St-Zip: OAKLAND PARK, FL 33334

Title: D ( ) Delete  
Name: COUSINS, LLOYD  
Address: 889 RIVERSIDE DR #106  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: DP ( ) Delete  
Name: LAWLER, WARREN  
Address: 6311 NE 18TH AVE  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: DS ( ) Delete  
Name: THORNTON, LYNN  
Address: 118 SW 20 AVE  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: WILLIAMS, WYONIA  
Address: 819 NW 3 ST. #12  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: DP (X) Change ( ) Addition  
Name: HARRING, KARL  
Address: 3020 S. OAKLAND FOREST DR. #3001  
City-St-Zip: OAKLAND PARK, FL 33309

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: ANTOL, MICHAEL  
Address: 3662 NW 22 AVE  
City-St-Zip: FORT LAUDERDALE, FL 33309

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: M.E. TOWNE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

RA

01/25/2006

\_\_\_\_\_  
Date