

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000101762

Entity Name: GREENWOOD INC.

FILED
Jun 02, 2007
Secretary of State

Current Principal Place of Business:

99 CHARDON PLACE
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

99 CHARDON PLACE
NAPLES, FL 34110 US

New Mailing Address:

FEI Number: 90-0108913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENWOOD, SAMUELITO P
99 CHARDON PLACE
NAPLES, FL 34110 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: P () Delete
Name: GREENWOOD, SAMUELITO P
Address: 99 CHARDON PLACE
City-St-Zip: NAPLES, FL 34110 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Change (X) Addition
Name: GREENWOOD, MICHELE
Address: 99 CHARDON PLACE
City-St-Zip: NAPLES, FL 34110

Title: MGR () Change (X) Addition
Name: EDUARDO, CRICK
Address: 99 CHARDON PLACE
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify 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: SAMUEL GREENWOOD

P

06/02/2007

Electronic Signature of Signing Officer or Director

Date