2006 FOR PROFIT CORPORATION ANNUAL REPORT

4/28/2006-90178-045-$150.00-$150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04252006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000050396

1. Entity Name
WOODFORD BRIDGE INVESTMENT, INC.

Principal Place of Business	Mailing Address
1840 SW 22ND ST., SUITE 4-291 MIAMI, FL 33145	1840 SW 22ND ST., SUITE 4-291 MIAMI, FL 33145

2. Principal Place of Business		3. Mailing Address	
		6206 DewDrop Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Temple Terrace FL	
Zip	Country	Zip: 33617	Country:

4. FEI Number: 86-1135626 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: V. President NAME: Hannah Eichel STREET ADDRESS: 6206 Dewdrop Way CITY-ST-ZIP: Temple Terrace FL 33617	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: Director NAME: Ki H. Choi STREET ADDRESS: 113 South MacDill Ave # B CITY-ST-ZIP: TAMPA, FL 33609	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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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 attachment with all other like empowered.

SIGNATURE: [signature] 7/20/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Ki H. Choi — Date — Daytime Phone #