

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 693331

FILED
Mar 02, 2005
Secretary of State

Entity Name: THE WOODSMITHS COMPANY

Current Principal Place of Business:

C/O TRIVEST PARTNERS, L.P.
2665 S. BAYSHORE DR., STE. 800
MIAMI, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

C/O TRIVEST PARTNERS, L.P.
2665 S. BAYSHORE DR., STE. 800
MIAMI, FL 33133 US

New Mailing Address:

1801 NORTH ANDREWS AVENUE
POMPANO BEACH, FL 33069 US

FEI Number: 59-2111678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERSHMAN, DAVID
2665 SOUTH BAYSHORE DR.
SUITE 800
MIAMI, FL 33133 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: ALBERTSON, BRUCE
Address: 1801 N ANDREWS AVENUE
City-St-Zip: POMPANO BCH, FL 33069

Title: V/T () Delete
Name: TORTORICI, VINCENT A
Address: 1801 N ANDREWS AVENUE
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: POWELL, EARL W
Address: 2665 SO BAYSHORE DR STE 800
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: KOEHN, ROBERT
Address: 2665 SOUTH BAYSHORE DR STE 800
City-St-Zip: MIAMI, FL 33133

Title: S (X) Delete
Name: KUFFNER, MARILYN D
Address: 2665 SOUTH BAYSHORE DRIVE STE 800
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: MALONE, JAMES R
Address: 1801 N ANDREWS AVENUE
City-St-Zip: POMPANO BCH, FL 33069

Title: CAO (X) Change () Addition
Name: TORTORICI, VINCENT A
Address: 1801 N ANDREWS AVENUE
City-St-Zip: POMPANO BEACH, FL 33069

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: VINCENT A. TORTORICI, JR.

CAO

03/02/2005

Electronic Signature of Signing Officer or Director

_____ Date