


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90093 016 \*\*\*150.00

DOCUMENT # F95000001680			
1. Entity Name SENENICH WOOD PROPELLER COMPANY, INC.			
Principal Place of Business 2008 WOOD CT. PLANT CITY, FL 33567 US		Mailing Address 4601 FORBES BLVD. SUITE 120 LANHAM, MD 20706 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 120 Sallie H Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite A	
City & State		City & State Stouenville MD	
Zip	Country	Zip	Country
		21666	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	P ROWELL, DONALD J 4304 LONGFELLOW DRIVE PLANT CITY, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SULLIVAN, DONNA 4601 FORBES BLVD LANHAM, MD 20706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sullivan, Donna 120 Sallie H Dr Ste A Stouenville MD 21666
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HOZIK, JOHN 4601 FORBES BLVD., SUITE 120 LANHAM, MD 20706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CEO Hozik, John 120 Sallie H Dr Ste A Stouenville MD 21666
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTCHER, MCBEE 4601 FORBES BLVD., SUITE 120 LANHAM, MD 20706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Butcher, MCBEE 120 Sallie H Dr Ste A Stouenville MD 21666
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTCHER IV, HOWARD 4601 FORBES BLVD., STE 1205 LANHAM, MD 20706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Butcher IV, Howard 120 Sallie H Dr Ste A Stouenville MD 21666
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTCHER, JONATHAN 4601 FORBES BLVD., SUITE 120 LANHAM, MD 20706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Butcher Jonathan 120 Sallie H Dr Ste A Stouenville MD 21666
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 an address, with all other like empowered.			
SIGNATURE: _____		Date: 4/30/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 410 6043 780	