2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 156838

Entity Name: WOODALLS INC

FILED Sep 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2121 NEW TAMPA HWY

LAKELAND, FL 33815 US

Current Mailing Address: New Mailing Address:

2121 NEW TAMPA HWY LAKELAND, FL 33815 US

FEI Number: 59-0593761 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CATHERINE CARRINGTON CATHERINE K ACCTANT

2121 NEW TAMPA HWY 2121 NEW TAMPA HWY F3 F3

LÄKELAND, FL 33815 US LÄKELAND, FL 33815 US

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: CATHERINE K. CARRINGTON, ACCOUNTANT 09/27/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 METCALF, CHARLES N PRES.
 Name:

 Address:
 2121 NEW TAMPA HWY, F3
 Address:

 City-St-Zip:
 LAKELAND, FL 33815
 City-St-Zip:

Title: VPD () Delete Title: VPD (X) Change () Addition

 Name:
 WOODALL, JOHN H III
 Name:
 METCALF, LESLIE M

 Address:
 5605 N. BAILEY RD
 Address:
 5601 N BAILEY RD

 City-St-Zip:
 PLANT CITY, FL 33565
 City-St-Zip:
 PLANT CITY, FL 33565

Title: S/TD () Delete Title: S/TD (X) Change () Addition

 Name:
 METCALF, LÉSLIE M
 Name:
 WOODALL, JOHN H III

 Address:
 5601 N BARLEY RD
 Address:
 5605 N BARLEY RD

 City-St-Zip:
 PLANT CITY, FL 33565
 City-St-Zip:
 PLANT CITY, FL 33565

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: CHARLES N. METCALF PRES 09/27/2007