

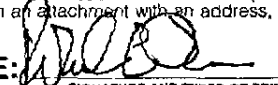


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 622147</b> 1. Entity Name <b>NORWEGIAN WOOD, INC.</b>																																																																																																																													
Principal Place of Business <b>5809 N 50TH STREET TAMPA FL 33610</b>				Mailing Address <b>5809 N 50TH STREET TAMPA FL 33610</b>																																																																																																																									
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="text-align: center;">  </div> <div style="text-align: right; margin-top: 10px;"> <b>1st MOORE CR2E034 (10/05)</b> </div>																																																																																																																									
4. FEI Number <b>59-1918842</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																																																																																																																									
<b>6. Name and Address of Current Registered Agent</b> <b>SHEA, ROBERT E 703 3RD AVENUE S.W. RUSKIN FL 33570</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____																																																																																																																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00 May 1</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>																																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 5px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;">P SHEA, ROBERT E</td> <td style="width: 30%; padding: 5px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 5px;">TITLE</td> <td style="width: 55%; padding: 5px;">U000000409779</td> <td style="width: 30%; padding: 5px;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">703 3RD AVENUE S.W.</td> <td></td> <td style="padding: 5px;">STREET ADDRESS</td> <td style="padding: 5px;">02/09/06-80009-024</td> <td style="padding: 5px;">150.00</td> </tr> <tr> <td style="padding: 5px;">CITY-ST-ZIP</td> <td style="padding: 5px;">RUSKIN FL 33570</td> <td></td> <td style="padding: 5px;">CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr><td style="padding: 5px;">TITLE</td><td></td><td><input type="checkbox"/> Delete</td><td style="padding: 5px;">TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Add</td></tr> <tr><td style="padding: 5px;">NAME</td><td></td><td></td><td style="padding: 5px;">NAME</td><td></td><td></td></tr> <tr><td style="padding: 5px;">STREET ADDRESS</td><td></td><td></td><td style="padding: 5px;">STREET ADDRESS</td><td></td><td></td></tr> <tr><td style="padding: 5px;">CITY-ST-ZIP</td><td></td><td></td><td style="padding: 5px;">CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td style="padding: 5px;">TITLE</td><td></td><td><input type="checkbox"/> Delete</td><td style="padding: 5px;">TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Add</td></tr> <tr><td style="padding: 5px;">NAME</td><td></td><td></td><td style="padding: 5px;">NAME</td><td></td><td></td></tr> <tr><td style="padding: 5px;">STREET ADDRESS</td><td></td><td></td><td style="padding: 5px;">STREET ADDRESS</td><td></td><td></td></tr> <tr><td style="padding: 5px;">CITY-ST-ZIP</td><td></td><td></td><td style="padding: 5px;">CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td style="padding: 5px;">TITLE</td><td></td><td><input type="checkbox"/> Delete</td><td style="padding: 5px;">TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Add</td></tr> <tr><td style="padding: 5px;">NAME</td><td></td><td></td><td style="padding: 5px;">NAME</td><td></td><td></td></tr> <tr><td style="padding: 5px;">STREET ADDRESS</td><td></td><td></td><td style="padding: 5px;">STREET ADDRESS</td><td></td><td></td></tr> <tr><td style="padding: 5px;">CITY-ST-ZIP</td><td></td><td></td><td style="padding: 5px;">CITY-ST-ZIP</td><td></td><td></td></tr> <tr><td style="padding: 5px;">TITLE</td><td></td><td><input type="checkbox"/> Delete</td><td style="padding: 5px;">TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Add</td></tr> <tr><td style="padding: 5px;">NAME</td><td></td><td></td><td style="padding: 5px;">NAME</td><td></td><td></td></tr> <tr><td style="padding: 5px;">STREET ADDRESS</td><td></td><td></td><td style="padding: 5px;">STREET ADDRESS</td><td></td><td></td></tr> <tr><td style="padding: 5px;">CITY-ST-ZIP</td><td></td><td></td><td style="padding: 5px;">CITY-ST-ZIP</td><td></td><td></td></tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	P SHEA, ROBERT E	<input type="checkbox"/> Delete	TITLE	U000000409779	<input type="checkbox"/> Change <input type="checkbox"/> Add	STREET ADDRESS	703 3RD AVENUE S.W.		STREET ADDRESS	02/09/06-80009-024	150.00	CITY-ST-ZIP	RUSKIN FL 33570		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  **ROBERT E. SHEA**      1/25/06      (813) 626-9609