


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000001853</b>		
1. Entity Name <b>WOODS EDGE CORPORATION</b>		

Principal Place of Business <b>6535 GREENWICH RD., BOX 154 WESTFIELD CTR OH 44251</b>	Mailing Address <b>6535 GREENWICH RD., BOX 154 WESTFIELD CTR OH 44251</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>34-1801423</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent  <b>HAHN, PHILIP R 112 N.W. 33RD COURT GAINESVILLE FL 32607</b>		7. Name and Address of New Registered Agent Name <u><b>Gerold Schackow</b></u> Street Address (P.O. Box Number is Not Acceptable) <u><b>112 N.W. 33rd Court</b></u> City <u><b>Gainesville</b></u> <b>FL</b> Zip Code <u><b>32607</b></u>	
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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 <u><b>Philip R. Hahn</b></u> <small>Signature typed or printed name of registered agent and title if applicable.</small>	DATE <u><b>2-6-04</b></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPT HAHN, PHILIP R 6535 GREENWICH RD., BOX 154 WESTFIELD CTR OH 44251 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U000000052682</b> <b>02/16/04-80102-003 150.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCV SCHACKOW, GEROLD D 8716 N.W. 6TH PLACE GAINESVILLE FL 32607 <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	DS HAHN, VIRGINIA A 6535 GREENWICH RD., BOX 154 WESTFIELD CTR OH 44251 <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	D SCHACKOW, JOANNE 8716 N.W. 6TH PLACE GAINESVILLE FL 32607 <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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><b>Philip R. Hahn</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u><b>2-6-04 330-887-5157</b></u> <small>Date Daytime Phone #</small>