2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006603

Entity Name: ALLWOODS TRADING COMPANY, LTD.

FILED Apr 11, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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25400 US 19 NORTH, SUITE #118 25400 US 19 NORTH, SUITE #160 CLEARWATER, FL 33763 CLEARWATER, FL 33763

Current Mailing Address: New Mailing Address:

25400 US 19 NORTH, SUITE #118 25400 US 19 NORTH, SUITE #160 CLEARWATER, FL 33763 CLEARWATER, FL 33763 US

FEI Number: 62-1801808 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

LEAL, ROBERT L LEAL, ROBERT L 2780 MERLIN WAY 2136 EGRET DR.

CLEARWATER, FL 33761 US CLEARWATER, FL 33764 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: R. L. LEAL 04/11/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

LEAL, ROBERT L Name: Name: LEAL, ROBERT L

25400 US 19 NORTH, SUITE #118 25400 US 19 NORTH, SUITE #160 Address: Address:

City-St-Zip: CLEARWATER, FL 33763 City-St-Zip: CLEARWATER, FL 33763

Title: VΡ Title: () Delete () Change () Addition Name: ISRAEL, JONAS Name:

PO BOX 15148, 88862 KOTA KINABALU Address: Address: SABAH, MALAYSIA, City-St-Zip: City-St-Zip:

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

LEAL, JOSHUA T Name: LEAL, JOSHUA T Name:

25400 US 19 NORTH, SUITE #118 25400 US 19 NORTH, SUITE #160 Address: Address: City-St-Zip: CLEARWATER, FL 33763 City-St-Zip: CLEARWATER, FL 33763

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

LEAL, CHRISTOPHER J LEAL, NICOLE Name: Name: Address: 2008 PICKENS STORE RD. Address: 2008 PICKENS STORE RD. City-St-Zip: MASON, TN 38049 US City-St-Zip: MASON, TN 38049 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT L. LEAL **CPT** 04/11/2007