

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006603

FILED
Apr 16, 2008
Secretary of State

Entity Name: ALLWOODS TRADING COMPANY, LTD.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of Current Registered Agent:

LEAL, ROBERT L
2136 EGRET DR.
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPT () Delete
Name: LEAL, ROBERT L
Address: 25400 US 19 NORTH, SUITE #160
City-St-Zip: CLEARWATER, FL 33763

Title: VP () Delete
Name: ISRAEL, JONAS
Address: PO BOX 15148, 88862 KOTA KINABALU
City-St-Zip: SABAH, MALAYSIA,

Title: S () Delete
Name: LEAL, JOSHUA T
Address: 25400 US 19 NORTH, SUITE #160
City-St-Zip: CLEARWATER, FL 33763

Title: T () Delete
Name: LEAL, NICOLE
Address: 2008 PICKENS STORE RD.
City-St-Zip: MASON, TN 38049 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT L. LEAL

CPT

04/16/2008

Electronic Signature of Signing Officer or Director

_____ Date