

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90080 038 ***158.75

DOCUMENT # F32436

1. Entity Name
AVALON WOODS CORPORATION



Principal Place of Business

C/O SUSAN SHAW
~~420 BUTLER STR~~ 426 Butler St.
WINDERMERE, FL 34786 US

Mailing Address

C/O SUSAN SHAW
~~420 BUTLER STR~~ 426 Butler St.
WINDERMERE, FL 34786 US

DO NOT WRITE IN THIS SPACE



03032007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2113265

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SHAW, SUSAN D
426 BUTLER ST
WINDERMERE, FL 34786

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTDV
NAME	DANIELS, DAVID H
STREET ADDRESS	812 CENTERBROOK DR
CITY- ST- ZIP	BRANDON, FL 335118062
TITLE	VSD
NAME	SHAW, SUSAN D
STREET ADDRESS	426 BUTLER ST.
CITY- ST- ZIP	WINDERMERE, FL 34786
TITLE	David Daniels
NAME	Shaw
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Susan D. Shaw Susan D. Shaw

4/17/07

Date

Daytime Phone #

407-876-3824