

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F35828

FILED
May 15, 2006
Secretary of State

Entity Name: CUNNINGHAM-WOODS, INC.

Current Principal Place of Business:

3430 N. 29 AVE
HOLLYWOOD, FL 33020002 US

New Principal Place of Business:

1081 BEL AIRE DR EAST
PEMBROKE PINES, FL 33207 US

Current Mailing Address:

3430 N. 29 AVE
HOLLYWOOD, FL 33020002 US

New Mailing Address:

1081 BEL AIRE DR EAST
PEMBROKE PINES, FL 33207 US

FEI Number: 59-2105069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WOODS, LAWRENCE
3400 N 29TH AVENUE
HOLLYWOOD, FL 330201002 US

Name and Address of New Registered Agent:

WOODS, LAWRENCE
1081 BEL AIRE DR EAST
PEMBROKE PINES, FL 33207 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: LAWRENCE R WOODS

05/15/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WOODS, LAWRENCE,
Address: 3430 N. 29 AVE
City-St-Zip: HOLLYWOOD, FL 330201002

Title: V (X) Delete
Name: ELLISON, PATRICIA
Address: 3430 N. 29 AVE
City-St-Zip: HOLLYWOOD, FL 33020

Title: ST () Delete
Name: WOODS, LISA
Address: 3430 N. 29 AVE
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WOODS, LAWRENCE,
Address: 1081 BEL AIRE DR EAST
City-St-Zip: PEMBROKE PINES, FL 33207

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

Title: ST (X) Change () Addition
Name: WOODS, LISA
Address: 1081 BEL AIRE DR EAST
City-St-Zip: PEMBROKE PINES, FL 33027

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: LAWRENCE R WOODS

V

05/15/2006

Electronic Signature of Signing Officer or Director

Date