
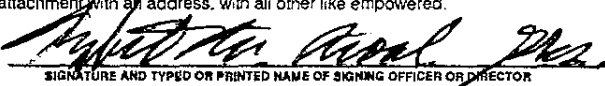


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Aug 01, 2005 08:00 AM
Secretary of State**

DOCUMENT # F42159 1. Entity Name LEW WOOD & ASSOCIATES, INC.		
Principal Place of Business 420 12TH PL SE P.O. BOX 650006 VERO BEACH, FL 32965 US	Mailing Address 420 12TH PL SE P.O. BOX 650006 VERO BEACH, FL 32965 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WOOD, ROBERT W. 420 12TH PL SE VERO BEACH, FL 32962		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: _____ <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent's signature required when consolidating)</small> DATE: _____		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P WOOD, ROBERT W. 420 12TH PL SE VERO BEACH, FL	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		7-28-05 <small>Date Day-Mo-Year</small>



07012005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2187620	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

UN00000375078
08/01/05-80004-003 150.00

**DO NOT WRITE
IN THIS SPACE**