

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90040 038 ***150.00

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01242007 Chg-P CR2E034 (12/06)

DOCUMENT # F47705 1. Entity Name WOOD BUSINESS PRODUCTS, INC.					
Principal Place of Business % ANNABELLE H WOOD 5350 NW 35TH TERRACE SUITE 101 FT LAUDERDALE, FL 33309			Mailing Address % ANNABELLE H WOOD 5350 NW 35TH TERRACE SUITE 101 FT LAUDERDALE, FL 33309		
2. Principal Place of Business - No P.O. Box # 5350 NW 35TH Terrace Suite, Apt. #, etc. Suite 101 City & State Fort Lauderdale, FL Zip 33309 Country USA		3. Mailing Address 5350 NW 35TH Terrace Suite, Apt. #, etc. Suite 101 City & State Fort Lauderdale, FL Zip 33309 Country USA		4. FEI Number 59-2126542 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent WOOD, ANNABELLE H PCEO 5350 NW 35TH TERRACE SUITE 101 FT LAUDERDALE, FL 33309	
7. Name and Address of New Registered Agent Name Cozzens, Michael Street Address (P.O. Box Number is Not Acceptable) 5350 N.W. Terrace Ste 101 City Fort Lauderdale FL Zip Code 33309				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 DATE 2-2-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PCEO NAME WOOD, ANNABELLE H PCEO STREET ADDRESS 5350 NW 35TH TERRACE SUITE 101 CITY-ST-ZIP FORT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Delete		TITLE DP NAME Cozzens, Michael STREET ADDRESS 5350 N.W. Terrace Ste 101 CITY-ST-ZIP Fort Lauderdale, FL 33309	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DIR NAME WOOD, CHARLES E DIR STREET ADDRESS 5350 NW 35TH TERRACE SUITE 101 CITY-ST-ZIP FORT LAUDERDALE, FL 33309	<input checked="" type="checkbox"/> Delete		TITLE C NAME Pater, Anthony STREET ADDRESS 3510 Avignon Court CITY-ST-ZIP Houston, Tx 77082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE D NAME Pater, Todd STREET ADDRESS 3607 Louvre Lane CITY-ST-ZIP Houston, Tx 77082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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			2-2-07 954-493-7422 <small>Date Daytime Phone #</small>		