



**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G16892</b> 1. Entity Name DE GROOT STUDIOS, INC.	
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Principal Place of Business MICHAEL WOODMAN 1415 SW 21 AVENUE FORT LAUDERDALE, FL 33312	Mailing Address MICHAEL WOODMAN 1415 SW 21 AVENUE FORT LAUDERDALE, FL 33312
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**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2242891	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WOODMAN, MICHAEL L.  
1415 SW 21 STREET  
FORT LAUDERDALE, FL 33312

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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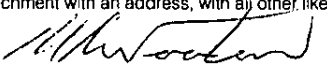
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WOODMAN, MICHAEL L 1709 SW 17TH STREET FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST WOODMAN, CONNIE M 1709 SW 17TH STREET FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:**  M.L. Woodman 1/8/08 954-587-5487

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #