2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H06463

Entity Name: LENWOOD, INC.

FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2469 JOHN YOUNG PKWY., STE.G ORLANDO, FL 32804 **Current Mailing Address: New Mailing Address:** 2469 JOHN YOUNG PKWY., STE.G ORLANDO, FL 32804 FEI Number: 59-2427693 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SLUSARZ, JOHN W JR 2501 N JOHN YOUNG PARKWAY ORLANDO, FL 32804 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition GREENE, ELAINE, MALONE, RUTH A, Name: Name: 2108 EAGLE'S REST DR. 216 WOODLAKE DRIVE Address: Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: MAITLAND, FL 32751 Title: VΡ Title: () Delete (X) Change () Addition Name: MALONE, MICHAEL, Name: GREENE, ELAINE, 216 WOODLAKE DRIVE 2108 EAGLE'S REST DR Address: Address: APOPKA, FL 32712 MAITLAND, FL 32751 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition SLUSARZ, JOHN, Name: Name: 777 WILDMERE AVE Address: Address: City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: Title: () Delete Title: (X) Change () Addition MALONE, RUTH A, MALONE, MICHAEL, Name: Name: Address: 216 WOODLAKE DRIVE Address: 216 WOODLAKE DRIVE City-St-Zip: MAITLAND, FL 32751 City-St-Zip: MAITLAND, FL 32751 Title: Title: () Delete () Change () Addition Name: MALONE, CLEYON, Name: 216 WOODLAKE DRIVE Address: Address: City-St-Zip: MAITLAND, FL 32751 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOHN W SLUSARZ JR T 03/25/2009