2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 22, 2008 08:00 AM Secretary of State **DOCUMENT # J13772** 1. Entity Name M. WOOD, INC. Principal Place of Business Mailing Address 5100 87TH ST. E. 5100 87TH ST. E. BRADENTON, FL 34202 US BRADENTON, FL 34202 02082008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2680882 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOGAN, PATRICK DO NOT WRITE 5100 87TH ST. E. BRADENTON, FL 34202 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. Signature, typed or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstating) Unnanns (3800 05/08/08-80930-022 150.00 9. Election Campaign Financing \$5,00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE HUNT, ROBERT A. NAME STREET ADDRESS 5100 87TH ST. E. BRADENTON, FL 34202 CITY-ST-ZIP STV HOGAN, PATRICK M. NAME 5100 87TH ST. E. STREET ADDRESS BRADENTON, FL 34202 CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED