


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # J19096 1. Entity Name WOODLAND RUN EAST, INC.		
Principal Place of Business % ROBERT B. MONTGOMERY 1388 COUNTRY CLUB RD. GULF BREEZE, FL 32563	Mailing Address % ROBERT B. MONTGOMERY 1388 COUNTRY CLUB RD. GULF BREEZE, FL 32563	
DO NOT WRITE IN THIS SPACE		



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2711257	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MONTGOMERY, ROBERT B. 1388 COUNTRY CLUB RD. GULF BREEZE, FL 32561	DO NOT WRITE IN THIS SPACE
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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 re-stating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

00000072293
04/24/07-80092-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONTGOMERY, ROBERT B. 1388 COUNTRY CLUB DR. GULF BREEZE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILDER, HARRISON 412 N SUNSET BLVD GULF BREEZE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JONES, RODNEY 200 W MIRACLE ST PKWY FT WALTON BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/07

Date

Daytime Phone #