2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2006
Secretary of State

DOCUMENT# J68716

Entity Name: SIXWOODS, INC.

Current Principal Place of Business:

P.O. BOX 812
HOBE SOUND, FL 33475

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 812
HOBE SOUND, FL 33475

New Mailing Address:

FEI Number: 59-2795170 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOODS, MICHAEL
9165 SE KARIN ST
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WOODS, MICHAEL,
Address: 9265 SE KARIN ST
City-St-Zip: HOBE SOUND, FL

Title: S ( ) Delete
Name: WOODS, SUSAN
Address: 9165 SE KAREN ST
City-St-Zip: HOBE SOUND, FL 33455

Title: PD ( ) Delete
Name: MICHAEL, WOODS
Address: 9165 SE KAREN ST
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WOODS, MICHAEL,
Address: 9165 SE KARIN ST
City-St-Zip: HOBE SOUND, FL 33455

Title: S (X) Change ( ) Addition
Name: WOODS, SUSAN
Address: 9165 SE KARIN ST
City-St-Zip: HOBE SOUND, FL 33455

Title: PD (X) Change ( ) Addition
Name: MICHAEL, WOODS
Address: 9165 SE KARIN ST
City-St-Zip: HOBE SOUND, FL 33455

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL WOODS PRES 07/27/2006

Electronic Signature of Signing Officer or Director Date