2008 FOR PROFIT CONTORATION ANNUAL RESORT

SIGNATURE: 4

## **FILED** Jan 31, 2008 08:00 AN Secretary of State DOCUMENT # K63428 1. Entity Name WOODWITS, INC. Principal Place of Business Mailing Address 8896 SE MAY TERR 8896 SE MAY TERR HOBE SOUND, FL 33455 HOBE SOUND, FL 33455 US 01242008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0100611 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MOSKAL, MATTHEW E DO NOT WRITE 8896 SE MAY TERR HOBE SOUND, FL 33455 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 reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be U000000809537 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PD TITLE MOSKAL, MATTHEW E NAME STREET ADDRESS 8896 SE MAY TERR CITY-SI-7IP HOBE SOUND, FL TITLE NAME STREET ADORESS CITY-ST-ZIP TIT: F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIF IN THIS SPACE TIT: F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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

1-26-08

Daytime Phone #