

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K81324

FILED  
Jun 29, 2005  
Secretary of State

Entity Name: HOOD'S STOCK EXCHANGE, INC.

**Current Principal Place of Business:**

2925 SOUTH FEDERAL HWY  
DELRAY BEACH, FL 334836718 US

**New Principal Place of Business:**

**Current Mailing Address:**

2925 SOUTH FEDERAL HWY  
DELRAY BEACH, FL 334836718 US

**New Mailing Address:**

FEI Number: 65-0116740

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOOD, CAROLYN J  
114 NE 11 STREET  
DELRAY BEACH, FL 33444 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: PD ( ) Delete  
Name: HOOD, CAROLYN  
Address: 1001 NW 3RD AVE.  
City-St-Zip: DELRAY BCH, FL 33444

Title: DTS ( ) Delete  
Name: HOOD, WILLIAM  
Address: 1001 NW 3RD AVE  
City-St-Zip: DELRAY BCH, FL 33444

Title: VP ( ) Delete  
Name: HOOD, CHRIS  
Address: 530 LAKE DR.  
City-St-Zip: DELRAY BEACH, FL 33444

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WILLIAM HOOD

DTS

06/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date