2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Feb 27, 2006
Secretary of State

DOCUMENT# L04000051729

Entity Name: INNOVATIVE WOOD DESIGNS, LLC.

Current Principal Place of Business:

2961 GARRET STREET
DELTONA, FL 32837

New Principal Place of Business:

1003 CARTER ROAD
WINTER GARDEN, FL 34787

Current Mailing Address:

2961 GARRET STREET
DELTONA, FL 32837

New Mailing Address:

1003 CARTER ROAD
WINTER GARDEN, FL 34787

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCDONNELL, JAMES J
2961 GARRET STREET
DELTONA, FL 32837 US

Name and Address of New Registered Agent:

MCDONNELL, JAMES J
1003 CARTER ROAD
WINTER GARDEN, FL 34787 US

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: JAMES J. MCDONNELL 02/27/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MCDONNELL, JAMES J
Address: 2961 GARRET STREET
City-St-Zip: DELTONA, FL 32837

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MCDONNELL, JAMES J
Address: 1003 CARTER ROAD
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGR ( ) Change (X) Addition
Name: BOWEN, CYNTHIA M
Address: 2614 CEDAR BLUFF LANE
City-St-Zip: OCOEE, FL 34761

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CYNTHIA M. BOWEN MGR 02/27/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date