

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M04365

Entity Name: WOOD-CHIP DESIGNS, INC.

FILED  
Apr 20, 2005  
Secretary of State

## Current Principal Place of Business:

1749 NW 27TH COURT  
POMPANO BCH., FL 33064

## New Principal Place of Business:

1602 QUAKER LANE  
SEBASTIAN, FL 32958

## Current Mailing Address:

1749 NW 27TH COURT  
POMPANO BCH., FL 33064

## New Mailing Address:

P.O. BOX 781419  
SEBASTIAN, FL 32978

FEI Number: 59-2464856

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EDEN, GARY  
1749 NW 27TH COURT  
POMPANO BCH., FL 33064 US

## Name and Address of New Registered Agent:

EDEN, GARY  
1602 QUAKER LANE  
SEBASTIAN, FL 32958 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: GARY EDEN

04/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: EDEN, GARY,  
Address: 1749 NW 27TH COURT  
City-St-Zip: POMPAN BEACH, FL 33064

Title: DS ( ) Delete  
Name: EDEN, GINNY,  
Address: 1749 NW 27TH COURT  
City-St-Zip: POMPAN BEACH, FL 33064

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: EDEN, GARY,  
Address: 1602 QUAKER LANE  
City-St-Zip: SEBASTIAN, FL 32958

Title: DS (X) Change ( ) Addition  
Name: EDEN, GINNY,  
Address: 1602 QUAKER LANE  
City-St-Zip: SEBASTIAN, FL 32958

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: GARY EDEN

PRES

04/20/2005

Electronic Signature of Signing Officer or Director

Date