2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M58589

Name:

Address:

City-St-Zip:

SMILEY, RICKIE

7190 MALLORCA CRESCENT

BOCA RATON, FL 33433

Entity Name: REDWOOD CORPORATION

FILED Apr 22, 2005 Secretary of State

Littly Nai	ile. REDVVO	OD CORFORATION				
Current Principal Place of Business:				New Principal Place of Business:		
2237 N COMMERCE PARKWAY, SUITE #3 WESTON, FL 33326				ONE EAST BROWARD BLVD. SUITE #1010 FORT LAUDERDALE, FL 33301		
Current Mailing Address:				New Mailing Address:		
2237 N COMMERCE PARKWAY, SUITE #3 WESTON, FL 33326				ONE EAST BROWARD BLVD. SUITE #1010 FORT LAUDERDALE, FL 33301		
FEI Number:	59-2842381	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
ROSS, MANELLA H ESQ 2237 N COMEMRCE PARKWAY, SUITE #3 WESTON, FL 33326 US				ROSS, MANELLA H ESQ ONE EAST BROWARD BLVD. SUITE #1010 FORT LAUDERDALE, FL 33301 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: ROSS H. MANELLA ESQ.				04/22/2005		
Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PST (SMILEY, NORI 7190 MALLOR BOCA RATON	CA CRES		Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	D (SMILEY, NORI 7190 MALLOR BOCA RATON	CA CRES		Title: (Name: Address: City-St-Zip:) Change () Addition	
Title:	VP () Delete		Title: () Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: NORMAN SMILEY PSD 04/22/2005