2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27063

FILED Jan 10, 2007 Secretary of State

Entity Name: GREENWOOD ACRES, INC.

Current Principal Place of Business: New Principal Place of Business:

1650B ACRE CIRCLE

PANAMA CITY BEACH, FL 32407

Current Mailing Address: New Mailing Address:

1649 ACRE CIRCLE

PANAMA CITY BEACH, FL 32407

FEI Number: 59-3039126 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WORTHINGTON, HOWARD T

1670 ACRE CIRCLE

HALLISEY, RICHARD
1685 ACRE CIRCLE

PANAMA CITY BEACH, FL 32407 US PANAMA CITY BEACH, FL 32407 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: RICHARD HALLISEY 01/10/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change() Addition

Name: HADLEY, JIM Name: HALLISEY, RICHARD Address: 1629 ACRE CIR. Address: 1685 ACRE CIR.

Address: 1629 ACRE CIR. Address: 1685 ACRE CIR.
City-St-Zip: PANAMA CITY BEACH, FL 32407 City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: TD () Delete Title: () Change () Addition

 Name:
 ZURON, MABEL
 Name:

 Address:
 1618 ACRE CIR
 Address:

 City-St-Zip:
 PANAMA CITY BEACH, FL 32407
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 CUMMINGS, MARY
 Name:

 Address:
 1649 ACRE CIRCLE
 Address:

 City-St-Zip:
 PANAMA CITY BEACH, FL 32407
 City-St-Zip:

Title: VPD () Delete Title: VPD (X) Change () Addition

Name: POWELL, GERRY Name: BRADFORT, FAY
Address: 1644 ACRES CIR Address: 1624 ACRES CIR

City-St-Zip: PANAMA CITY BEACH, FL 32407 City-St-Zip: PANAMA CITY BEACH, FL 32407

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FAY BRADFORT VP 01/10/2007