

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004551

FILED
Jan 25, 2006
Secretary of State

Entity Name: SHADOWOOD II, INC.

Current Principal Place of Business:

464 SW FOURTH AVE
FT LAUDERDALE, FL 33315

New Principal Place of Business:

Current Mailing Address:

307 SW 5TH STREET
FT LAUDERDALE, FL 33315 US

New Mailing Address:

FEI Number: 65-0519468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOWNE, M.E.
8800 NW 35 STREET
CORAL SPRINGS, FL 33065 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GARRETT, ROBERT
Address: 1601 SW 12 COURT
City-St-Zip: FT LAUDERDALE, FL 33312

Title: D () Delete
Name: SEGIN, JAMES
Address: 1540 NE 45 STREET
City-St-Zip: OAKLAND PARK, FL 33334

Title: D () Delete
Name: COUSINS, LLOYD
Address: 889 RIVERSIDE DR #106
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: DP () Delete
Name: LAWLER, WARREN
Address: 6311 NE 18TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: DS () Delete
Name: THORNTON, LYNN
Address: 118 SW 20 AVE
City-St-Zip: FORT LAUDERDALE, FL 33312

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: WILLIAMS, WYONIA
Address: 819 NW 3 ST. #12
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: DP (X) Change () Addition
Name: HARRING, KARL
Address: 3020 S. OAKLAND FOREST DR. #3001
City-St-Zip: OAKLAND PARK, FL 33309

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

Title: D () Change (X) Addition
Name: ANTOL, MICHAEL
Address: 3662 NW 22 AVE
City-St-Zip: FORT LAUDERDALE, FL 33309

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: M.E. TOWNE

RA

01/25/2006

Electronic Signature of Signing Officer or Director

Date