


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000097519
1. Entity Name
TRAILWOOD PRODUCTIONS, INC.



Principal Place of Business Mailing Address
8517 S US, # 1 **8517 S US, # 1**
PORT ST LUCIE, FL 34952 **PORT ST LUCIE, FL 34952**

DO NOT WRITE IN THIS SPACE



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-1046131 Not Applicable

5. Certificate of Status Desired **\$3.75 Additional Fes Required**

6. Name and Address of Current Registered Agent
PEMBROKE, WILLIAM G
8517 S US HWY, # 1
PORT ST LUCIE, FL 34952

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

100000543840
05/19/06-80038-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ARLETT, RICHARD
STREET ADDRESS	P O BOX 1338
CITY-ST-ZIP	JUPITER, FL 33468
TITLE	VD
NAME	ARLETT, VALERIE
STREET ADDRESS	P O BOX 1338
CITY-ST-ZIP	JUPITER, FL 33468
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Valerie Arlett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06 **561-741-4051**
Date Daytime Phone #