


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000068183
 1. Entity Name
 FOXWOOD FARMS, INC.



Principal Place of Business Mailing Address
 9595 66TH ST 9595 66TH ST
 PINELLAS PARK, FL 33782-3004 PINELLAS PARK, FL 33782-3004



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-3728434 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SAVINO, DENISE
 DRUDY & ASSOCIATES, INC
 320 WEST FLETCHER AVENUE #101
 TAMPA, FL 33612

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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 1/21/06

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POWERS, GEORGANN 9595 66TH ST PINELLAS PARK, FL 337823004
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 01/24/06-80035-003 150.00

DO NOT WRITE IN THIS SPACE

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: Georgann Powers Date 1/21/06 Daytime Phone # 7275468057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR