



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90035 030 ***150.00

DOCUMENT # P01000095996 1. Entity Name UNDERWOOD DEVELOPMENT, INC.																													
Principal Place of Business 310 Wilmette Ave. Mailing Address 310 Wilmette Ave. 334 ANDALUSIA AVE, SUITE 1 Suite 5 334 ANDALUSIA AVE, SUITE 1 Suite 5 ORMOND BEACH, FL 32174 ORMOND BEACH, FL 32174				00001000																									
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State		City & State		4. FEI Number 75-3000462																									
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent UNDERWOOD, MICHAEL 334 ANDALUSIA AVE, SUITE 1 310 Wilmette Ave. Suite 5 ORMOND BEACH, FL 32174				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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 <u><i>Michael Underwood, Pres.</i></u> 1/25/05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D UNDERWOOD, MICHAEL <input type="checkbox"/> Delete</td> <td style="width:20%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>334 ANDALUSIA AVE, SUITE 1</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORMOND BEACH, FL 32174</td> <td></td> </tr> </table>			TITLE	D UNDERWOOD, MICHAEL <input type="checkbox"/> Delete		NAME			STREET ADDRESS	334 ANDALUSIA AVE, SUITE 1		CITY-ST-ZIP	ORMOND BEACH, FL 32174		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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SIGNATURE: *Michael Underwood, Pres.* **1/25/05 386 672-6651**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #