## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P01000095996  1. Entity Name UNDERWOOD DEVELOPMENT, INC.					01-28-2005 90035 030 ***150.00				
Principal Place of Business 310 Wilmette Are Mailing Address 310 Wilmette Ave 334 ANDALUSIA AVE, SUITE 1 Suite 5 0RMOND BEACH, FL 32174 ORMOND BEACH, FL 32174									
2. Principal F	3. Mailing Address	ailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01182005 Chg-P CR2E034 (10/03)					
City & State		City & State			4. FEI Number 75-30004	<del>1</del> 62			plied For t Applicable
Zip	Country			try	5. Certificate of Status Desired S8.75 Additional Fee Required			itional	
	6. Name and Address of Current	Registered Agent		Name	7. Name and A	ddress of New R	egistered Agent		
UNDERWOOD, MICHAEL					(P.O. Box Number is Not Acceptable)				
				City	Zip Code				,
8. The above the obligat	named entity submits this statement for itions of registered agent.	100		ed office or register	ed agent, or both,	in the State of Flo	rida. I am familia	ir with,	and accept
SIGNATURE.	Signature Aped or printed name a registered agent		Registered	Agent signature required	when reinstating)	1/2	DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campai Trust Fund Contr		+	.00 May Be ed to Fees				
10.	OFFICERS AND		11.		ADDITIONS/C	IANGES TO OFF	CERS AND DIRE	CTORS	IN 11
NAME STREET ADDRESS CITY-ST-ZIP	D UNDERWOOD, MICHAEL 334 ANDALUSIA AVE, SUITE 4 ORMOND BEACH, FL 32174	☐ Delete		1				hange	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		i				hange	Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		Delete		!				hange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			□ c	hange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		i			□ c	hange	Addition
TITLE NAME STREET ADDRESS		☐ Delete		ET ADDRESS				hange	☐ Addition
12. I hereby o	pertify that the information supplied with	this filing does not quality for		ST-ZIP	ction 119 07/3\(i)	Florida Statutos I	further codify the	u tha '-	formation

The Boy Certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i). 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 enprowered.

SIGNATURE:

ISJATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/25/05 386 672-6651