

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90030 035 \*\*\*150.00

<b>DOCUMENT # P02000021975</b>					
<b>1. Entity Name</b> GREENWOOD DESIGN GROUP, INC.					
<b>Principal Place of Business</b> 101 PLAZA REAL SOUTH SUITE H BOCA RATON FL 33432			<b>Mailing Address</b> 101 PLAZA REAL SOUTH SUITE H BOCA RATON FL 33432		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		<b>4. FEI Number</b> 04-3613908	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SCOTT, TRIPP P.A. 110 SE 6TH STREET 15TH FLOOR FT. LAUDERDALE FL 33301				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
FL				Zip Code	
<b>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.</b>					
SIGNATURE				DATE <b>2.23.06</b>	
(NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> P	<b>NAME</b> GREENWOOD, CHARLES			<input type="checkbox"/> Delete	
<b>STREET ADDRESS</b> 426 E. PALMETTO PARK RD.	101 Plaza Real South Suite H			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>CITY-ST-ZIP</b> BOCA RATON FL 33432					
<b>TITLE</b> 	<b>NAME</b>			<input type="checkbox"/> Delete	
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>				
<b>TITLE</b>	<b>NAME</b>			<input type="checkbox"/> Delete	
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>				
<b>TITLE</b>	<b>NAME</b>			<input type="checkbox"/> Delete	
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>				
<b>TITLE</b>	<b>NAME</b>			<input type="checkbox"/> Delete	
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>				
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.</b>					
<b>SIGNATURE:</b>				DATE <b>2.23.06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE #	