2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 16, 2006 08:00 AM **Secretary of State** DOCUMENT # P02000065896 1. Entity Name SUNWOOD DEVELOPMENT, INC. Principal Place of Business Mailing Address 9095 SW 87 AVE STE 777 9095 SW 87 AVE STE 777 MIAMI, FL 33176 MIAMI, FL 33176 01112006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE) Number 38-3652560 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MITCHELL, JAMES R DO NOT WRITE 9095 SW 87 AVE STE 777 MIAMI, FL 33176 IN THIS SPACE 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 Styreture, typed or printed name of registered egent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution: Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME MITCHELL, JAMES R STREET ADDRESS 9095 SW 87 AVE STE 777 CITY-ST-IM MIAMI, FL 33176 U00800469524 03/27/06-80003-809 200.00 NAME STREET ACCRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 employered 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:

City-ST-ZiP ane NAME STREET ADDRESS

NATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

James R. Mitchell 03/13/06

305-270-0870

FILED