


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2008 8:00 am**  
**Secretary of State**

01-23-2008 90006 036 \*\*\*150.00

**DOCUMENT # P02000066622**

1. Entity Name  
**WOODMAN ENTERPRISES CORP.**



Principal Place of Business <b>240 OLD FEDERAL HWY          120-18          HALLANDALE, FL 33009</b>	Mailing Address <b>240 OLD FEDERAL HWY          120-18          HALLANDALE, FL 33009</b>
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2. Principal Place of Business - No P.O. Box # <b>2660 NE 189 ST.</b> Suite, Apt. #, etc.	3. Mailing Address <b>2660 NE 189 ST.</b> Suite, Apt. #, etc.
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01082008 Chg-P CR2E034 (12/06)

City & State <b>NORTH MIAMI BEACH.</b>	City & State <b>NORTH MIAMI BEACH.</b>
Zip <b>33179</b>	Zip <b>33179</b>
Country <b>FL.</b>	Country <b>FL.</b>

4. FEI Number <b>03-0461846</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SERBER, DANIEL J ESQ.  
 2875 NE 191ST ST.  
 AVENTURA, FL 33180**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE D	<input type="checkbox"/> Delete
NAME <b>ALTER, HERMAN</b>	
STREET ADDRESS <b>240 OLD FEDERAL HWY, # 120-18</b>	
CITY-ST-ZIP <b>HALLANDALE, FL 33009</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ALTER HERMAN</b>	
STREET ADDRESS <b>2660 NE 189 ST</b>	
CITY-ST-ZIP <b>NORTH MIAMI BEACH, 33179, FL</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information reported 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:** \_\_\_\_\_ **1-17-08** **786-326-4748.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #