


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90322 003 \*\*\*150.00

<b>DOCUMENT # P02000080829</b>	
1. Entity Name <b>PAMELA WOOD &amp; ASSOCIATES, INC.</b>	

Principal Place of Business <b>930 NORMANDY TRACE RD TAMPA, FL 33602</b>	Mailing Address <b>930 NORMANDY TRACE RD TAMPA, FL 33602</b>
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2. Principal Place of Business <b>PO Box 2183</b>	3. Mailing Address <b>PO Box 2183</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>TAMPA FL</b>	City & State <b>TAMPA FL</b>
Zip <b>33601</b>	Zip <b>33601</b>
Country <b>US</b>	Country <b>US</b>



01272004 Chg-P CR2E034 (10/03)

4. FEI Number <b>24-2085348</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>WOOD, PAMELA 980 NORMANDY TRACE RD TAMPA, FL 33602</b>	
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7. Name and Address of New Registered Agent Name <b>Pamela Wood</b> Street Address (P.O. Box Number is Not Acceptable) <b>919 W. Peninsular St</b> City <b>TAMPA</b> FL Zip Code <b>33603</b>	
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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 <b>Pamela Wood</b> DATE <b>4/29/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WOOD, PAMELA 930 NORMANDY TRACE RD TAMPA, FL 33602</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>919 W. Peninsular St TAMPA FL 33603</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 empowered. SIGNATURE: <b>Pamela Wood</b> DATE <b>4/29/04</b> DAYTIME PHONE # <b>813 390 4654</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
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