2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 07, 2005 08:00 AM Secretary of State DOCUMENT # P02000080829 1. Entity Name PAMELA WOOD & ASSOCIATES, INC. Principal Place of Business Mailing Address PO BOX 2183 PO BOX 2183 TAMPA, FL 33601 TAMPA, FL 33601 01062005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. EEI Number 24-2085348 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent WOOD, PAMELA DO NOT WRITE 919 W. PENINSULAR ST. TAMPA, FL 33603 .__. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be U00000291883 FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. 04/07/05-80048-009 150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE WOOD, PAMELA NAME 919 W. PENINSULAR ST. STREET ADDRESS TAMPA, FL 33603 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-77P IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY -ST - ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of 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.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FILED