2005 FOR PROFIT CORPORATION

Apr 25, 2005 8:00 am Secretary of State **ANNUAL REPORT** 04-25-2005 90260 017 ***150.00 **DOCUMENT # P02000098251** PINEWOOD PAPER COMPANY 20045834 Principal Place of Business Mailing Address 10621 AIRPORT RD. STE 6 10621 AIRPORT RD, STE 6 NAPLES, FL 34109 NAPLES, FL 34109 04202005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0642381 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SOFOS, ANTHONY DO NOT WRITE 10621 AIRPORT RD, STE 6 NAPLES, FL 34109 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, typod or princed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME SOFOS, ANTHONY STREET ADDRESS 10621 AIRPORT RD, STE 6 CITY-ST-ZIP NAPLES, FL 34109 TITLE NAME STREET ADDRESS 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 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 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 energy or 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 addition, with an addition, with an addition. **SIGNATURE:** ED MAME OF SIGNING OFFICER OR DIRECTOR

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