


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90047 041 ***150.00

DOCUMENT # P03000014144	
1. Entity Name PINWOOD DEVELOPMENT CORPORATION	

Principal Place of Business 43 LAIR ROAD CRESTVIEW, FL 32539	Mailing Address 43 LAIR ROAD CRESTVIEW, FL 32539
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2. Principal Place of Business Suite, Apt. #, etc. 43 Laird Rd. City & State Crestview FL Zip 32539 Country USA	3. Mailing Address Suite, Apt. #, etc. 43 Laird Rd. City & State Crestview, FL Zip 32539 Country USA
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01202006 Chg-P CR2E034 (11/05)

4. FEI Number 16-1653400	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PERMENTER, WILLIAM D 236 SABINE DRIVE PENSACOLA BEACH, FL 32561
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 110 Chantecaille Cir. City Gulf Breeze FL Zip Code 32561
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: <i>William D. Permenter, D</i> William D. Permenter, D 1-25-06 DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERMENTER, WILLIAM D 236 SABINE DRIVE PENSACOLA BEACH, FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 110 Chantecaille Cir. Gulf Breeze, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERMENTER, ELIZABETH A 236 SABINE DRIVE PENSACOLA BEACH, FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 110 Chantecaille Cir. Gulf Breeze, FL 32561
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 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: <i>Elizabeth A. Permenter, Director</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1-25-06 850 892-2103 Date Daytime Phone #