



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90235 023 ***158.75

DOCUMENT # P03000085783					
1. Entity Name EDINWOOD, INC.					
Principal Place of Business 615 JASMINE AVE <i>See below</i> SUITE 10 TARPON SPRINGS, FL 34689			Mailing Address 635 RIVERSIDE DRIVE <i>See Below</i> TARPON SPRINGS, FL 34689		
2. Principal Place of Business 39082 US Hwy 19N. Suite, Apt. #, etc.		3. Mailing Address 1707 Avoca Dr. Suite, Apt. #, etc.			
City & State Tarpon Springs, FL		City & State Tarpon Springs, FL		05012006 Chg-P CR2E034 (11/05)	
Zip 34689 Country Pinellas		Zip 34689 Country Pinellas		4. FEI Number 3 02-0085482	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DICKSON, ROBERT 635 RIVERSIDE DRIVE <i>See → New address</i> TARPON SPRINGS, FL 34689			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1707 Avoca Dr City Tarpon Springs FL Zip Code 34689		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DICKSON, ROBERT <input type="checkbox"/> Delete 635 RIVERSIDE DRIVE <i>See above for address change</i> TARPON SPRINGS, FL 34689		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	
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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>Keldrick</i> Date <i>May 1 06</i> Daytime Phone # <i>(727) 871-2522</i>					