

**2006 FOR PROFIT CORPORATION .
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000091665
1. Entity Name
EXOTIC HARDWOOD SPECIALTIES, INC.



Principal Place of Business
4324 EAGLES NEST ROAD
FRUITLAND PARK, FL 34731

Mailing Address
4324 EAGLES NEST ROAD
FRUITLAND PARK, FL 34731



03102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0168162 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WILKINS, JOHN S
4324 EAGLES NEST ROAD
FRUITLAND PARK, FL 34731

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES WILKINS, JOHN S 4324 EAGLES NEST ROAD FRUITLAND PARK, FL 34731
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S.T WILKINS, KELLY L 4324 EAGLES NEST ROAD FRUITLAND PARK, FL 34731
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05/16/06-80059-010 150.00

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IN THIS SPACE**

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: John S Wilkins 4/27/06 (352) 408-8789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #