

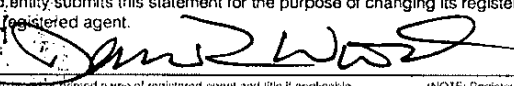
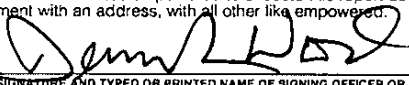


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90424 023 \*\*\*150.00

<b>DOCUMENT # P03000108385</b> 1. Entity Name <b>DENNIS R. WOOD, ESQ. &amp; ASSOCIATES, P.A.</b>					
Principal Place of Business <b>2116 TYLER STREET HOLLYWOOD, FL 33020</b>			Mailing Address <b>2116 TYLER STREET HOLLYWOOD, FL 33020</b>		
2. Principal Place of Business <b>2118 Tyler Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>2118 Tyler Street</b> Suite, Apt. #, etc.			
City & State <b>Hollywood FL</b>		City & State <b>Hollywood FL</b>		4. FEI Number <b>13-4267862</b>	
Zip <b>33020</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>FILINGS, INC. 3732 N.W. 16TH STREET FORT LAUDERDALE, FL 33311</b>				7. Name and Address of New Registered Agent Name <b>Dennis R Wood</b> Street Address (P.O. Box Number is Not Acceptable) <b>2118 Tyler Street</b> City <b>Hollywood</b> FL Zip Code <b>33020</b>	
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  DATE <b>4/29/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOOD, DENNIS R 2116 TYLER STREET HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Wood Dennis R. 2118 Tyler Street Hollywood	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>4/29/05</b> Daytime Phone # <b>954-922-4676</b>	