
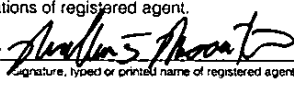
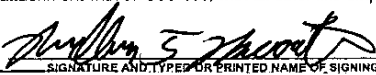


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90013 013 ***150.00

DOCUMENT # P03000125706 1. Entity Name WOODAMERE, INC.					
Principal Place of Business 2005 N. HALIFAX AVENUE DAYTONA BEACH, FL 32118			Mailing Address 2005 N. HALIFAX AVENUE DAYTONA BEACH, FL 32118		
2. Principal Place of Business 54 Indianhead Drive Suite, Apt. #, etc.		3. Mailing Address P.O. Box 305 Suite, Apt. #, etc.			
City & State Ormond Beach FL		City & State Ormond Beach FL		4. FEI Number 20-0367329	
Zip 32174		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE, WILLIAM T JR. 2005 N. HALIFAX AVENUE ORMOND BEACH, FL 32118				7. Name and Address of New Registered Agent Name William T. Moore Street Address (P.O. Box Number is Not Acceptable) 54 Indianhead Drive City Ormond Beach FL Zip Code 32174	
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 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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D MOORE, WILLIAM T IV 2005 N. HALIFAX AVENUE DAYTONA BEACH, FL 32118	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	54 Indianhead Drive Ormond Beach, FL 32174
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
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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: 				Date 2/20/06 Daytime Phone # _____	