2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000146126

City-St-Zip:

() Delete

Title:

Name:

Address:

City-St-Zip:

FILED Mar 13, 2006 Secretary of State

Entity Nar	ne: WOOD	WORK SPECIALTIES,	INC.			-	
Current Principal Place of Business:				New Principal Place of Business:			
2ND FLOC	UR GODFRE OR ACH, FL 331						
Current Mailing Address:				New Mailing Address:			
2ND FLOC	UR GODFRE DR ACH, FL 331						
FEI Number:	33-1078804	FEI Number Applied	For () FEI Nur	nber Not Appli	icable ()	Certificate of Status Desire	d()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
777 ARTHI 2ND FLOC	I, CHARLES UR GODFRE DR ACH, FL 331	EY ROAD					
	named entity of Florida.	y submits this statemer	nt for the purpose o	of changing it	s registere	d office or registered agent,	or both,
SIGNATUR	RE:						
	Electro	onic Signature of Regis	stered Agent			Date	
Election Can	npaign Financi	ng Trust Fund Contribution	on ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	D (BENET, SUZI 1193 SW 132 MIAMI, FL 33	ND PL. CIR.		Title: Name: Address: City-St-Zip:	D SALVADOR, 838 W 40 D HIALEAH, F	RIVE	
Title: Name: Address: City-St-Zip:	D (ROMERO, JU 1193 SW 132 MIAMI, FL 33	2ND PL. CIR.		Title: Name: Address: City-St-Zip:	D BOURLIER, 75 NE 129 S NORTH MIA		
Title: Name: Address:	() Delete		Title: Name: Address:	D ALVAREZ, G 838 W 40 D	() Change (X) Addition GILBERTO R RIVE	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

HIALEAH, FL 33012

BISMARK, VEGA

MIAMI, FL 33126

8391 NW 7 STREET APT # 1

() Change (X) Addition

SIGNATURE: ABIGAIL S. SALVADOR D 03/13/2006