

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000010531

Entity Name: WOOD CREATIONS, INC.

FILED  
Mar 28, 2009  
Secretary of State

## Current Principal Place of Business:

20500 COT RD UNIT 519  
LUTZ, FL 33558

## New Principal Place of Business:

20500 COT RD  
UNIT 519  
LUTZ, FL 33558

## Current Mailing Address:

20500 COT RD UNIT 519  
LUTZ, FL 33558

## New Mailing Address:

20500 COT RD  
UNIT 519  
LUTZ, FL 33558

FEI Number: 02-0714963

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RIOUX, DAVID H  
20500 COT RD.  
#519  
LUTZ, FL 33558 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: RIOUX, DAVID H  
Address: 20500 COT RD UNIT 519  
City-St-Zip: LUTZ, FL 33558

Title: SEC. ( ) Delete  
Name: RIOUX, CATHY  
Address: 20500 COT RD. #519  
City-St-Zip: LUTZ, FL 33558

Title: TREAS ( ) Delete  
Name: RIOUX, DAVID H  
Address: 20500 COT RD. #519  
City-St-Zip: LUTZ, FL 33558

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: DAVID RIOUX

PRES

03/28/2009

Electronic Signature of Signing Officer or Director

Date