


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 JAN 13 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000014891 1. Entity Name PARKWOOD TRUST, INC.	
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Principal Place of Business 2033 MAIN STREET SUITE 300 SARASOTA, FL 34237	Mailing Address 2033 MAIN STREET SUITE 300 SARASOTA, FL 34237
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State		
Zip	Country	Zip	Country



01042005 Chg-P CR2E034 (10/03) **05**

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Capital Connection, Inc. Street Address (P.O. Box Number is Not Acceptable) 417 E. Virginia Street, Suite 1 City Tallahassee FL Zip Code 32301
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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: *DeLani White* DATE: 1/12/04

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D P T <input type="checkbox"/> Delete	TITLE	VP CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCARVER, JAMES O	NAME	Brian Fuhrmeister, 2033 Main St., Ste. 300
STREET ADDRESS	2033 MAIN STREET, SUITE 300	STREET ADDRESS	Sarasota, FL 34237
CITY-ST-ZIP	SARASOTA, FL 34237	CITY-ST-ZIP	
TITLE	D SVP S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARVER, PAT	NAME	
STREET ADDRESS	2033 MAIN STREET, SUITE 300	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34237	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 lines empowered.

SIGNATURE: *Brian Fuhrmeister* DATE: 1/6/05 941-952-9411

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNER, OFFICER, DIRECTOR, VICE PRESIDENT, CHIEF FINANCIAL OFFICER Daytime Phone #