2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 15, 2006 08:00 AM Secretary of State

DOCUMENT # P04000031218 1. Entity Name WOOD CONCEPTS CO.		
Principal Place of Business	Mailing Address	
4485 OLYMPIC DRIVE	4485 OLYMPIC DRIVE	

CR2E034 (11/05) 02012006 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0496593 Not Applicable \$8.75 Additional \cap 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GANNON, ALEXANDER DO NOT WRITE 4485 OLYMPIC DRIVE COCOA, FL 32927 IN THIS SPACE 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. Signature, typed or printed name of registered event and title if epolicable (NOTE Registered Agent signature required when reinstating) DATE Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 13 \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 3137F NAME GANNON, ALEXANDER STREET ADDRESS 4485 OLYMPIC DRIVE U00000434614 U2/25/06-80009-806 158.75 C/TY-ST-ZIP COCOA, FL 32927 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CHY-ST-TP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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 the empowered.

CICKATUDE.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/06

Davima Phone #