


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90230 001 \*\*\*450.00

<b>DOCUMENT # P04000067522</b> 1. Entity Name <b>PARKWOOD CONSTRUCTION, INC.</b>																																	
Principal Place of Business <b>9900 WEST SAMPLE ROAD SUITE 317 CORAL SPRINGS, FL 33065</b>			Mailing Address <b>9900 WEST SAMPLE ROAD SUITE 317 CORAL SPRINGS, FL 33065</b>																														
2. Principal Place of Business <b>10277 W. Sample Road</b> Suite, Apt. #, etc.		3. Mailing Address <b>10277 W. Sample Road</b> Suite, Apt. #, etc.																															
City & State <b>Coral Springs, Fl.</b> Zip Country <b>33065 USA</b>		City & State <b>Coral Springs, Fl.</b> Zip Country <b>33065 USA</b>		4. FEI Number <b>20-1089922</b>																													
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable																													
6. Name and Address of Current Registered Agent  <b>ROSENBERG, ARTHUR R 4875 NORTH FEDERAL HIGHWAY SEVENTH FLOOR FORT LAUDERDALE, FL 33308</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																														
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 _____																																	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																															
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <b>PSTD TREMATERA, PEYER 9900 WEST SAMPLE ROAD, SUITE 317 CORAL SPRINGS, FL 33065</b> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD TREMATERA, PEYER 9900 WEST SAMPLE ROAD, SUITE 317 CORAL SPRINGS, FL 33065</b> <input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>10277 W. Sample Road Coral Springs, Fl. 33065</b> </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>10277 W. Sample Road Coral Springs, Fl. 33065</b>												
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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 like empowered.																																	
<b>SIGNATURE: <u>Peter Tremetera Pres Peter Tremetera Pres</u> 2/10/05 954-952-5555</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																	