## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Feb 21, 2006 08:00 AM Secretary of State **DOCUMENT # P04000081152** 1. Entity Name WOODBRIDGE TECHNOLOGIES INC. Principal Place of Business Mailing Address 2421 JOHIO BAY DR 2421 JOHIO BAY DR OCOEE, FL 34761 OCOEE, FL 34761 02092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1125689 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AGRAWAL, ANUJA DO NOT WRITE 2421 JOHIO BAY DR OCOEE, FL 34761 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 agent and title if applicable (NOTE, Registered Agent signature required when reinstating) OATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME AGRAWAL, ANUJA UUUUHA43137 U3/04/06-80048-018 150.00 STREET ADDRESS 2421 JOHIO BAY DR OCOEE, FL 34761 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP 1551.5 IN THIS SPACE NAME

12. Thereby certify that the information supplied with this filling does not quality 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 path, 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CRY-ST-719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AGRAWAL ALUNA

2/9/2006

407 290 2164

**FILED**