2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# P04000136345

Entity Name: WOOLARD'S WOODWORKING, INC.

Current Principal Place of Business:

1505 FT. CLARK BLVD.
APT. 14107
GAINESVILLE, FL 32606

New Principal Place of Business:

10922 NW 36TH PLACE
GAINESVILLE, FL 32606

Current Mailing Address:

1505 FT. CLARK BLVD.
APT. 14107
GAINESVILLE, FL 32606

New Mailing Address:

10922 NW 36TH PLACE
GAINESVILLE, FL 32606

FEI Number: 20-1746131 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOOLARD, JIMMIE S
1505 FT. CLARK BLVD.
APT. 14107
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

WOOLARD, JIMMIE S
10922 NW 36TH PLACE
GAINESVILLE, FL 32606 US

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: 04/30/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WOOLARD, JIMMIE S
Address: 1505 FT. CLARK BLVD. #14107
City-St-Zip: GAINESVILLE, FL 32606

Title: VS ( ) Delete
Name: WOOLARD, MELISSA
Address: 1505 FT. CLARK BLVD. #14107
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WOOLARD, JIMMIE S
Address: 10922 NW 36TH PLACE
City-St-Zip: GAINESVILLE, FL 32606

Title: VS (X) Change ( ) Addition
Name: WOOLARD, MELISSA
Address: 10922 NW 36TH PLACE
City-St-Zip: GAINESVILLE, FL 32606

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: JIMMIE S. WOOLARD P 04/30/2007
Electronic Signature of Signing Officer or Director — Date