2006 FOR PROFIT CORPORATION

FILED Apr 17, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P04000162420 04-17-2006 90410 029 ***150.00 WOODPECKER INVESTMENTS, INC. Principal Place of Business Mailing Address 2015 S ATLANTIC AVE 2015 S ATLANTIC AVE DUU14746 DAYTONA BEACH, FL 32118 DAYTONA BEACH, FL 32118 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03272006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 20-1960198 Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BHANA, GITESH Street Address (P.O. Box Number is Not Acceptable) 2015 S ATLANTIC AVE DAYTONA BEACH, FL 32118 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D/T ■ Addition TITLE ☐ Delete TITLE Change BHANA, GITESH NAME NAME STREET ADDRESS 2015 S ATLANTIC AVE STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32118 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE RAMA, MEENAXI NAME NAME 2015 SOUTH ATLANTIC AVE STREET ADDRESS STREET ADDRESS DAYTONA BEACH, FL 32118 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ 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 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 like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

41 13106

386 255 2446

☐ Addition

☐ Change

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Daytime Phone #

ATTACHMENT

Seabreeze Bookkeeping & Tax Service, LLC 441 South Ridgewood Avenue Daytona Beach, FL 32114

Telephone: (386)-258-5880

ANNUAL REPORT/W-3 TRANSMITTAL

Please review the annual report enclosed, make any changes necessary, enclose check made payable to <u>Florida Department of State</u> in the amount of \$ <u>150.00</u>, sign and mail report to:

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

____ Sign W-3 form and mail to:

Social Security Administration Data Operations Center Wilkes-Barre, PA 19769-0001