2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE;

DOCUMENT # P05000047552							FIL : 1P05000047552				
1. Entity Name								ic am a	מי ה	0	
WOODLEA PROPERTIES, INC.								06 JUN -7			
Principal Place of Business Mailing Addres							1 7	SECRETARY ALLAHASSEI	OF SIAIE - 91000	· —	·/ /
3690 SE BEI		-	3690 SE BENT BANYAN WAY			'	, ALEX : 1 - 1470		100		
STUART FL		STUART FL 34997									
2. Principal P	lace of Busin	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			15	MOORE	CR2E034	· · ·			
City & State	e .	<u> </u>	City & State Zip Country			4. FEI Numb	719488		No	plied For it Applicable	
Zip	Country				Coun	itry	5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent					
						Name					
NORMAN, KENNETH A 2400 S.E. FEDERAL HWY FOURTH FLOOR STUART FL 34994						Street Address (P.O. Box Number is Not Acceptable)					
51UAR1 FL 34994											
·						City FL 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											
the conjunities of regimental algori											
SIGNATURE Signature, hybrid or privide number of registured agents and late it application (NOTE Registered Agent signature recisined when revisitativity) DATE											
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be											
After May 1, 2006 Fee Will Be \$550.00								Trust Fund Co		-	od to Fees
Make Check Payable to Florida Department of State :  10. OFFICERS AND DIRECTORS 11.						······································	ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11
TITLE	Го	:	01112010	Oelete nit		<del></del>	7,007,101,0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition
NAME	SMALL, BARRETT			NAN		-					
STREET ADDRESS	t	ENT BANYAN WAY				EFT ADGRESS (-ST-ZIP					
TITLE	STUART FL 34997			Delete nru						☐ Change	☐ Addition
NAME				L) Deide	NAA						
STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP	ļ				-	r-ST-ZIP					
TITLE NAME				L_I Detete	THT.					Change	Addition
SIREET ADDRESS						EET ADORESS					
CATY-ST-ZIP					CIT	r-SI-ZIP	····				
DILE	:			☐ Detete	THTL					Change	Addition
NAME STREET ADDRESS					HAM STR	eet address					
CITY-S1-ZIP					CIT	Y-ST-ZIP					
INTLE				Delete	TIT					Change	☐ Addition
NAME STREET ADDRESS					NA! STE	AE LEET ADORESS					
CITY-SI-ZIP						Y-ST-ZIP					
TITLE	1			☐ Delete	TIT	LE .				Change	Addition
NAME					HAI	-					
STREET ADDRESS						Y-SI-ZIP					
CITY-ST-ZIP	carlib: that	the information supplied to	oth the Idio	n does not qualify	for the e	exemptions contain	ned in Section 1	19 Florida Statute	s. Hurther certi	ity that the	information
12. I hereby certify that the information supplied with this Iding does not qualify for the exemptions contained in Section 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 it 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											
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.											

772-263-1528

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