

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90196 044 ***150.00

DOCUMENT # P05000051473
 1. Entity Name
 WOODMASTERS BY RON DONALDSON, INC.



Principal Place of Business Mailing Address
 5901 BRUNER LANE 5901 BRUNER LANE
 SUITE B-8 SUITE B-8
 FORT MYERS, FL 33912 FORT MYERS, FL 33912

40066906



2. Principal Place of Business 3. Mailing Address
 2301 BRUNER LN 2301 BRUNER LN

Suite, Apt. #, etc. Suite, Apt. #, etc.
 SUITE B-8 SUITE B-8

03082006 Chg-P CR2E034 (11/05)

City & State City & State
 FORT MYERS FL FORT MYERS FL

4. FEI Number 20-4445981 Applied For
 Not Applicable

Zip Country Zip Country
 33912 33912

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DONALDSON, RON R
 5901 BRUNER LANE
 B-8
 FORT MYERS, FL 33912

7. Name and Address of New Registered Agent
 Name DONALDSON, A. Ron
 Street Address (P.O. Box Number is Not Acceptable) 2301 BRUNER LN
 SUITE B-8
 City FORT MYERS FL Zip Code 33912

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: X A. Ron Donaldson PRESIDENT 4/24/06
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | DONALDSON, RON R | |
| STREET ADDRESS | 5901 BRUNER LANE B-8 | |
| CITY-ST-ZIP | FORT MYERS, FL 33912 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DONALDSON, A. RON | |
| STREET ADDRESS | 2301 BRUNER LN B-8 | |
| CITY-ST-ZIP | FORT MYERS FL 33912 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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.
 SIGNATURE: X Ron Donaldson 4/24/06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #