

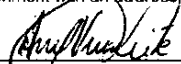


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90383 007 ***150.00

DOCUMENT # P05000054898 1. Entity Name WOODLIFE CONSTRUCTION, INC					
Principal Place of Business 163 BENT ARROW DRIVE DESTIN, FL 32541 US			Mailing Address 163 BENT ARROW DRIVE DESTIN, FL 32541 US		
2. Principal Place of Business 204 TROPICAL WAY Suite, Apt. #, etc.		3. Mailing Address 204 TROPICAL WAY Suite, Apt. #, etc.			
City & State FREEDPORT, FL		City & State FREEDPORT, FL		4. FEI Number 202691416	
Zip 32439		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE SOUZA, TIAGO 211-D MAIN STREET DESTIN, FL 32541				7. Name and Address of New Registered Agent Name DE SOUZA, TIAGO Street Address (P.O. Box Number is Not Acceptable) 106 BENNING DR SUITE 8 City DESTIN FL Zip Code 32541	
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:  (NOTE: Registered Agent signature required when reinstating) 04-20-06 <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME LEITE, ANDRE V STREET ADDRESS 163 BENT ARROW DRIVE CITY-ST-ZIP DESTIN, FL 32541	<input type="checkbox"/> Delete		TITLE P NAME LEITE, ANDRE V STREET ADDRESS 204 TROPICAL WAY CITY-ST-ZIP FREEDPORT, FL 32439	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			04-20-06 (850) 699-8568 <small>Date Daytime Phone #</small>		