## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 14, 2006 8:00 am Secretary of State 05-05-2006 90180 049 \*\*\*150.00

DOCUMENT # P05000080338  1. Entity Name WOODHAM HOLDINGS, INC.						05-05-2006	5 90180	049 ***	150.00
Principal Place 235 MADDIE DESTIN, FL 3	'S WAY	Mailing Address 235 MADDIE'S WAY DESTIN, FL 32541 US			66018749				
2. Principal Place of Business  3. Mailing Address  4. 3.5 MATILE  Suite, Apt. #, etc.				WAY	03092006	Chg-P	Mais inte	34 (11/05)	
City & State		City & State	City & State		4. FEI Numb	2966275		<u> </u>	oplied For at Applicable
Zip	Country	Zip	Zip Coun		1	of Status Desired	П	\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and	Address of New R	gistered /	Agent	
	M, MIKE DIE'S WAY 👙 TL 32541 🦠 👉			Name Stroet Address	(P.O. Box Numb	er is Not Acceptable	)		
	Night	<del></del>		City			<u>FL</u>	Zip Cod	
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, typic or printed name of repositives agent and life if applicable. (NOTE Registered Agent signature recurred when renorating)  DATE									
FILE NOWIII FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Compaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND		11.		ADDITIONS	/CHANGES TO OFFI	CERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOODHAM, MIKE 235 MADDIE'S WAY DESTIN, FL 32541	Delata		1				Ctrange	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOODHAM, MIKE 235 MADDIE'S WAY DESTIN, FL 32541	Octobe						☐ Change	☐ Addition
INTLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defeta	1	·				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delata		1				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		<b>I</b>				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		-				☐ Change	Addition
indicated of the cor	certify that the information supplied wit on this report or supplemental report proration or the receiver or trustee em, or on an attactiffent with an address URE:	is true and accurate and that powered to execute this repor , with all other like empowered M I	my signa t as requ t. C C D D H	iture shall have the ired by Chapter 60	same legal effe	ci as if made under c	eath; that I is appears i	am an officer	or director