

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000107122

Entity Name: WOODSIDE INVESTMENTS GROUP, INC

FILED
Jan 13, 2006
Secretary of State

Current Principal Place of Business:

819 PALM VIEW RD.
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

819 PALM VIEW RD.
NAPLES, FL 34110

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODSIDE, SUSANNAH
2217 SW 43RD ST
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

WOODSIDE, SUSANNAH
819 PALM VIEW RD.
NAPLES, FL 34110 US

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.

SIGNATURE:

01/13/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WOODSIDE, SUSANNAH
Address: 2217 SW 43RD ST
City-St-Zip: CAPE CORAL, FL 33914

Title: VP () Delete
Name: STIRP, ANTHONY P
Address: 2217 SW 43RD ST
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WOODSIDE, SUSANNAH
Address: 819 PALM VIEW RD.
City-St-Zip: NAPLES, FL 34110

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSANNAH WOODSIDE

P

01/13/2006

Electronic Signature of Signing Officer or Director

Date