
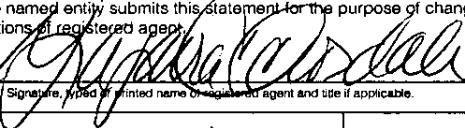
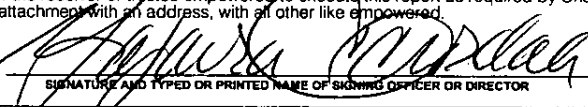


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2006 8:00 am
Secretary of State

08-31-2006 90002 033 ***163.75

DOCUMENT # P05000136770 1. Entity Name PANAWOOD, INC.					
Principal Place of Business 3203 CARLTON ARMS DR B TAMPA, FL 33614			Mailing Address 3203 CARLTON ARMS DR B TAMPA, FL 33614		
2. Principal Place of Business		3. Mailing Address 6422 Golden Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Tampa FL		4. FEI Number 603-648212	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33634		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent CARCAMO, ORLANDO 3203 CARLTON ARMS DR B TAMPA, FL 33614			7. Name and Address of New Registered Agent Name YAJAIRA Crosdale Street Address (P.O. Box Number is Not Acceptable) 6422 Golden Dr City Tampa FL Zip Code 33634		
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  DATE 8/24/06 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CROSDALE, YAJAIRA T 3203 CARLTON ARMS DR B TAMPA, FL 33614	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CARCAMO, ORLANDO 3203 CARLTON ARMS DR B TAMPA, FL 33614	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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:  DATE 8/24/06 (813) 298-9517 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					