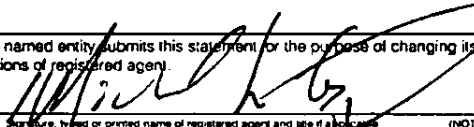
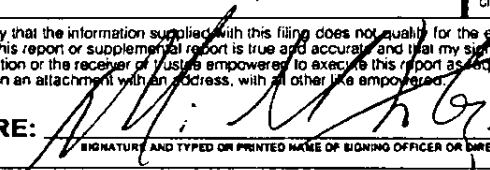


2007 FOR PROFIT CORPORATION ANNUAL REPORT

2/ FILED
Mar 30, 2007 8:00 am
Secretary of State

02-16-2007 90040 037 ***150.00

DOCUMENT # P06000134755					
1. Entity Name WOOD ACQUISITION CORPOATION					
Principal Place of Business 5350 N.W. 35TH TERRACE STE 101 FORT LAUDERDALE, FL 33309			Mailing Address 5350 N.W. 35TH TERRACE STE 101 FORT LAUDERDALE, FL 33309		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-8632626	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COZENS, MICHAEL 5350 N.W. 35TH TERRACE STE 101 FORT LAUDERDALE, FL 33309			7. Name and Address of New Registered Agent Name <u>Cozens, Michael</u> Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 2-2-07		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP COZENS, MICHAEL 5350 N.W. 35TH TERRACE STE 101 FORT LAUDERDALE, FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP Cozens, Michael 5350 N.W. 35TH Terrace Ste 101 Fort Lauderdale, FL 33309	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	C PATER, ANTHONY 3510 AVIGNON COURT HOUSTON, TX 77082	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PATER, TODD 3607 LOUVRE LANE HOUSTON, TX 77082	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ 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: 			DATE 2-2-07 DAYTIME PHONE # 954-443-7422		