2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P93000031200

1. Entity Name
SUNWOOD ENTERTAINMENT CORPORATION



FILED Apr 28, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

2019 ROSEWOOD LANE MANOR ORLANDO, FL 32806

POST OFFICE BOX 568795 ORLANDO, FL. 32856-8795 US



DO NOT WRITE IN THIS SPACE

04152004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3189536 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Réquired

6. Name and Address of Current Registered Agent

BURKET, QUAY 239 SHIPMANS LANE LAKE MARY, FL 32746

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the plans of registered agent. | ourpose of changing its registered off | ice or re | egistered agent, or bot | th, in the State of Florida. I am familiar with, and accept |
|---|--|--|-----------|--------------------------------|---|
| SIGNATURE Signature, typed or primed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reunstating) DATE | | | | | |
| FILE NOVIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | Election Campaign Financing Trust Fund Contribution. | | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | TORS | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D WOODSON, MARK N PO BOX 568795 ORLANDO, FL 32856 | | | | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | P WOODSON, CHRISTINA P.O. BOX 568795 ORLANDO, FL 32856 | | | | 000000135182 04/28/04-80049-019 158.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST THOMAS, SHERRY L P.O. BOX 568795 ORLANDO, FL 32856 | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | | IN * | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| HILL NAME STREET ADDRESS CITY-ST-ZIP | | | | | |

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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 trusted empowered to execute this report as required by Chapter 807, 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: __