



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 11, 2005 8:00 am**  
**Secretary of State**

08-11-2005 90002 026 \*\*\*550.00

<b>DOCUMENT # P93000031200</b> 1. Entity Name <b>SUNWOOD ENTERTAINMENT CORPORATION</b>			
Principal Place of Business <b>2019 ROSEWOOD LANE MANOR ORLANDO, FL 32806</b>		Mailing Address <b>POST OFFICE BOX 568795 ORLANDO, FL 32856-8795 US</b>	
2. Principal Place of Business <b>577 S Indigo RD</b> Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State <b>Altamonte Springs FL</b>		City & State  	
Zip <b>32714</b>	Country <b>USA</b>	Zip  	Country  
4. FEI Number <b>59-3189536</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BURKET, QUAY 239 SHIPMANS LANE LAKE MARY, FL 32746</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>577 S. Indigo RD</b> <b>Altamonte Springs</b> City <b>FL</b> Zip Code <b>32714</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	D WOODSON, MARK N <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODSON, MARK N	NAME	
STREET ADDRESS	PO BOX 568795	STREET ADDRESS	
CITY - ST - ZIP	ORLANDO, FL 32856	CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODSON, CHRISTINA	NAME	<b>Christina Woodson</b>
STREET ADDRESS	P.O. BOX 568795	STREET ADDRESS	<b>PO Box 568795</b>
CITY - ST - ZIP	ORLANDO, FL 32856	CITY - ST - ZIP	<b>Orlando FL 32856</b>
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, SHERRY L	NAME	<b>Sherry L. Thomas</b>
STREET ADDRESS	P.O. BOX 568795	STREET ADDRESS	<b>PO Box 568795</b>
CITY - ST - ZIP	ORLANDO, FL 32856	CITY - ST - ZIP	<b>Orlando FL 32856</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<b>Charles R. Woodson</b>
STREET ADDRESS		STREET ADDRESS	<b>PO Box 568795</b>
CITY - ST - ZIP		CITY - ST - ZIP	<b>Orlando FL 32856</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			
<b>SIGNATURE</b> 		<b>CHARLES R. WOODSON</b> <b>Aug 7, 2005</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	