

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P93000066592

FILED
May 27, 2008
Secretary of State**Entity Name:** THORNWOOD MANAGEMENT CORPORATION**Current Principal Place of Business:**40 ISLAND ESTATES PKWY
PALM COAST, FL 32137 US**New Principal Place of Business:****Current Mailing Address:**40 ISLAND ESTATES PKWY
PALM COAST, FL 32137 US**New Mailing Address:****FEI Number:** 59-3250516**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CARROLL, TIMOTHY
12297 MANDARIN ROAD
JACKSONVILLE, FL 32223 US**Name and Address of New Registered Agent:**CARROLL, TIMOTHY E
111766 MANDARIN ROAD
JACKSONVILLE, FL 32223 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: TIMOTHY E. CARROLL

05/27/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** DP () Delete
Name: O'KEEFE, BARBARA
Address: 40 ISLAND ESTATES PKWY
City-St-Zip: PALM COAST, FL 32137**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** S () Change (X) Addition
Name: CARROLL, TIMOTHY E
Address: 11766 MANDARIN RD
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify 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: TIMOTHY E. CARROLL

RA

05/27/2008

Electronic Signature of Signing Officer or Director

Date