, 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P94000049059 03-12-2007 90376 043 ***150.00 1. Entity Name WOOD YOU OF LAUDERHILL, INC. Principal Place of Business Mailing Address 40034582 5344 N. UNIVERSITY DR 6056 ANN 83RD TERR LAUDERHILL, FL 33351 PARKLAND, FL 33067 UŞ 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 71 N. どいレイアク Suite, Apt. #, etc. Suite, Apt. #, etc. 02202007 CR2E034 (12/06) Chg-P City & State Applied For City & State 4. FEI Number را می 65-0504852 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NEWELL, PAUL D Street Address (P.O. Box Number is Not Acceptable) 101 LAWRENCE BLVD. SUITE 201 NEWELL BLDG. KEYSTONE HEIGHTS, FL 32656 City Zip Code Fl 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. Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS ☐ Addition TITLE Delete TITLE DRAPER, H E NAME 6050 NW 83RD. TERRACE STREET ADDRESS STREET ADDRESS BARKLAND, FL 33067 CITY-ST-ZIP CITY - ST-ZIP Addition ☐ Delete TITLE DRAPER, PATRICIA S NAME NAME STREET ADDRESS 6056 NW 83RB. TERRACE STREET ADDRESS PARKLAND, FL 33067 CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete ГПТЕ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Defete TITLE IIILE 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 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 exprowered.

FILED

Mar 12, 2007 8:00 am