

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000008444

**FILED**  
**Mar 10, 2009**  
**Secretary of State**

**Entity Name:** THE REAWOOD GROUP INC.

**Current Principal Place of Business:**

6300 SW 85TH AVE  
MIAMI, FL 33143

**New Principal Place of Business:**

5419 SE HORSESHOE POINT ROAD  
STUART, FL 34997

**Current Mailing Address:**

P.O. BOX 835307  
MIAMI, FL 33283

**New Mailing Address:**

P.O. BOX 2587  
STUART, FL 34995

**FEI Number:** 65-0553823

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

REA, LAWRENCE E JR  
6300 SW 85TH AVE  
MIAMI, FL 33143 US

**Name and Address of New Registered Agent:**

REA, LAWRENCE E JR  
5419 SE HORSESHOE POINT ROAD  
STUART, FL 34997 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: \_\_\_\_\_

03/10/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: REA, LAWRENCE E JR  
Address: 6300 SW 85TH AVE  
City-St-Zip: MIAMI, FL 33143

Title: V ( ) Delete  
Name: REA, DOROTHY  
Address: 6300 SW 85TH AVE  
City-St-Zip: MIAMI, FL 33143

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: REA, LAWRENCE E JR  
Address: 5419 SE HORSESHOE POINT ROAD  
City-St-Zip: STUART, FL 34997

Title: V (X) Change ( ) Addition  
Name: REA, DOROTHY  
Address: 5419 SE HORSESHOE POINT ROAD  
City-St-Zip: STUART, FL 34997

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: LAWRENCE E REA JR

PRES

03/10/2009

Electronic Signature of Signing Officer or Director

Date