
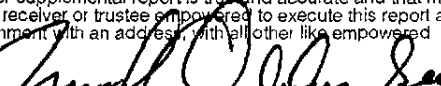


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000017665					
1. Entity Name WOODS MGP CORP.					
Principal Place of Business C/O NORMAN G. ORODENKER 10 WEYBOSSET ST. 10TH FLOOR PROVIDENCE RI 02903			Mailing Address C/O NORMAN G. ORODENKER 10 WEYBOSSET ST. 10TH FLOOR PROVIDENCE RI 02903		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 13-3840199 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent AXELROD, ALAN 2500 FIRST UNION FINANCIAL CENTER MIAMI FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COHEN, DANIEL	NAME	U00000216832		
STREET ADDRESS	ONE KENNEY DRIVE	STREET ADDRESS	02/05/05-80065-021 150.00		
CITY-ST-ZIP	CRANSTON RI 02920	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COHEN, DANIEL	NAME			
STREET ADDRESS	ONE KENNEY DRIVE	STREET ADDRESS			
CITY-ST-ZIP	CRANSTON RI 02920	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PORETSKY, JOEL	NAME			
STREET ADDRESS	405 LEXINGTON AVENUE	STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10174	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHRETTER, BERNHARD	NAME			
STREET ADDRESS	115 CONSTITUTION BOULEVARD	STREET ADDRESS			
CITY-ST-ZIP	FRANKLIN MA 02038	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ORODENKER, NORMAN G	NAME			
STREET ADDRESS	10 WEYBOSSET ST. 10 FLOOR	STREET ADDRESS			
CITY-ST-ZIP	PROVIDENCE RI 02903	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWN, DOUGLAS	NAME			
STREET ADDRESS	ONE KENNEY DRIVE	STREET ADDRESS			
CITY-ST-ZIP	CRANSTON RI 02920	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					
SIGNATURE: 		2/1/05		401-958-1200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					