


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000017665</b> 1. Entity Name <b>WOODS MGP CORP.</b>					
Principal Place of Business <b>C/O NORMAN G. ORODENKER 10 WEYBOSSET ST. 10TH FLOOR PROVIDENCE, RI 02903</b>			Mailing Address <b>C/O NORMAN G. ORODENKER 10 WEYBOSSET ST. 10TH FLOOR PROVIDENCE, RI 02903</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>13-3840199</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>AXELROD, ALAN 2500 FIRST UNION FINANCIAL CENTER MIAMI, FL 33131</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D COHEN, DANIEL ONE KENNEY DRIVE CRANSTON, RI 02920</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P COHEN, DANIEL ONE KENNEY DRIVE CRANSTON, RI 02920</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad <b>U000000880633 04/04/07-80008-013 150.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PORETSKY, JOEL 405 LEXINGTON AVENUE NEW YORK, NY 10174</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SCHRETTTER, BERNHARD 115 CONSTITUTION BOULEVARD FRANKLIN, MA 02038</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S ORODENKER, NORMAN G 10 WEYBOSSET ST. 10 FLOOR PROVIDENCE, RI 02903</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BROWN, DOUGLAS ONE KENNEY DRIVE CRANSTON, RI 02920</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad	
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 changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/6/07 401-456-1333 Date Daytime Phone #		