
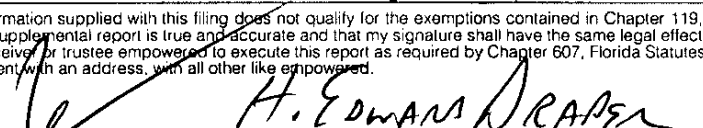


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90372 004 \*\*\*150.00

<b>DOCUMENT # P95000057833</b> 1. Entity Name WOOD YOU OF DAVIE, INC.					
Principal Place of Business 5685 SO. UNIVERSITY DR. DAVIE, FL 33328			Mailing Address <del>6056 NW 83RD TERRACE</del> <del>PARKLAND, FL 33067</del>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>71 N. BOUNTY LANE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>KEY LARGO, FL</b>		4. FEI Number <b>59-3327557</b>	
Zip		Country <b>USA</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>NEWELL, PAUL D</b> <b>SUITE 201 - NEWELL BUILDING</b> <b>101 LAWRENCE BOULEVARD</b> <b>KEYSTONE HEIGHTS, FL 32656</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>DRAPER, H. EDWARD</b> <del>6056 NW 83RD TERRACE</del> <b>POMPAHO BEACH, FL 33067</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Change</b> <input checked="" type="checkbox"/> Addition	<b>71 N. BOUNTY LANE</b> <b>KEY LARGO, FL 33037</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>DRAPER, PATRICIA S</b> <del>6056 NW 83RD TERRACE</del> <b>POMPAHO BEACH, FL 33067</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Change</b> <input checked="" type="checkbox"/> Addition	<b>71 N. BOUNTY LANE</b> <b>KEY LARGO, FL 33037</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 empowered.					
<b>SIGNATURE:</b>  <b>H. EDWARD DRAPER</b> <b>2/20/07</b> <b>957-650-1517</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40034373



02202007 Chg-P CR2E034 (12/06)