2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2005 08:00 AM DOCUMENT # P95000094320 **Secretary of State** 1. Entity Name DOVE WOODS, INC. Principal Place of Business Mailing Address 12331 SW 109 TER 12331 SW 109 TER MIAMI, FL 33186 MIAMI, FL 33186 01042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0630569 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent HANNAH, RANDALL S DO NOT WRITE 12331 SW 109 TER MIAMI, FL 33186 IN THIS SPACE 8. The above named entity submits this expatement 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 age ADDA 40 0A Signature, typed or printed name of registered agent and little if applicable (NOTE: Redistered Agent signature required a 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE HANNAH, RANDALL S NAME U00000339581 STREET ADDRESS 12331 SW 109 TER 04/28/05-80083-007 150.00 CITY-ST-ZIP MIAMI, FL 33186 ms NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TIME NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

271-0440