## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000011289

Address:

City-St-Zip:

409 MAIN ST.

DESTIN, FL 32541

FILED Apr 30, 2007 Secretary of State

Entity Name: BACKWOODS TECHNOLOGY, INC.							
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
409 MAIN STREET DESTIN, FL 32541				125 MADGE LANE SANTA ROSA BEACH, FL 32459			
Current Mailing Address:				New Mailing Address:			
PO BOX 14 DESTIN, FI							
FEI Number:	59-3446148	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate	of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
SKINNER, HELEN A 409 MAIN STREET DESTIN, FL 32541 US				SKINNER, STACY D 125 MADGE LANE SANTA ROSA BEACH, FL 32459 US			
The above in the State		y submits this statement for the p	urpose of changing	its registered	l office or reg	istered agent, or both,	
SIGNATURE: STACY D SKINNER				04/30/2007			
Electronic Signature of Registered Agent				Date			
Election Carr	npaign Financ	ing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P SKINNER, S. PO BOX 146 DESTIN, FL	2 N/A	Title: Name: Address: City-St-Zip:		() Change ().	Addition	
Title: Name: Address: City-St-Zip:	VP SKINNER, DA 7 LAKE SHO MCDONOUG	RE CT.	Title: Name: Address: City-St-Zip:	SKINNER, BI 125 MADGE			
Title: Name: Address: City-St-Zip:	S SKINNER, SU PO BOX 146 DESTIN, FL	2 N/A	Title: Name: Address: City-St-Zip:		() Change ().	Addition	
Title:	T SKINNER HE	X) Delete	Title:		() Change ()	Addition	

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.

Address:

City-St-Zip:

SIGNATURE: S DANA SKINNER **PRES** 04/30/2007