2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000092368

1. Entity Name
WOODBELL ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2630 S.W. 139 AVE. DAVIE, FL 33330	2630 S.W. 139 AVE. DAVIE, FL 33330

DO NOT WRITE IN THIS SPACE

07212006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0875942	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WOODCOCK, TIM
2630 S.W. 139 AVE.
DAVIE, FL 33330

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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 _Tim Woodcock - president_

U00000571964
07/25/06-80

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **Due by September 6, 2006**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	WOODCOCK, TIM M
STREET ADDRESS	2630 SW 139 AVE
CITY-ST-ZIP	DAVIE, FL 33330

TITLE	VP
NAME	CAMPBELL, DARYL
STREET ADDRESS	2630 SW 139 AVE
CITY-ST-ZIP	DAVIE, FL 33330

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: _Daryl Campbell_   07-20-06   954-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #