

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2006 8:00 am
Secretary of State

08-08-2006 90003 029 ***550.00

DOCUMENT # P98000102252

1. Entity Name
 THE MARWOOD GROUP, INC.



Principal Place of Business
 2288 COMMERCIAL WAY
 SPRING HILL, FL 34606

Mailing Address
 2288 COMMERCIAL WAY
 SPRING HILL, FL 34606

50024722



2. Principal Place of Business
 10383 SUNSET BEND DR
 Suite, Apt. #, etc.

3. Mailing Address
 c/o HGS LLP, 125 JERICHO TPK
 Suite, Apt. #, etc.
 STE 300

07282006 Chg-P CR2E034 (11/05)

City & State
 BOCA RATON, FL

City & State
 JERICHO, NY

Zip
 33428

Country

Zip
 11753

Country

4. FEI Number
 59-3546316

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARCI, JAMES E
 2288 COMMERCIAL WAY
 SPRING HILL, FL 34606

7. Name and Address of New Registered Agent

Name
 STUART KAHN

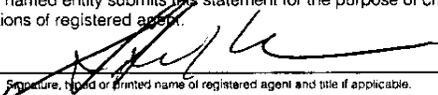
Street Address (P.O. Box Number is Not Acceptable)
 10383 SUNSET BEND DRIVE

City
 BOCA RATON

FL

Zip Code
 33428

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:  STUART KAHN DATE: 7/28/06

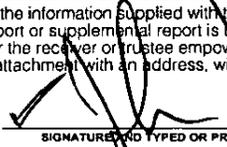
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 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	PSD MOORE, JOHN 451 RIVER ROAD ST. JAMES, NY 11780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.

SIGNATURE:  JOHN MOORE DATE: 7-30-06

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