

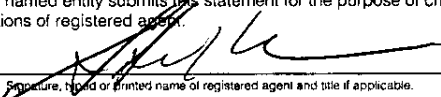
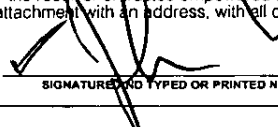


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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		
2. Principal Place of Business 10383 SUNSET BEND DR Suite, Apt. #, etc.		3. Mailing Address 40 HGS LRP, WJ JERICHO TPAE Suite, Apt. #, etc. STE 300		50024722 	
City & State BOCA RATON, FL		City & State JERICHO, NY		4. FEI Number 59-3546316	
Zip 33428		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 7/28/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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 7-30-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					