

04/15/2004 07:54 4078544450

K. B. LOAKNATH,

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90850 001 ***150.00
05-03-2004 90850 002 *****8.75

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

66418195



04152004 Chg-P CR2E034 (10/03)

DOCUMENT # P99000022295			
1. Entity Name LYNWOOD INVESTMENTS, INC.			
Principal Place of Business 5448 HOFFNER AVE SUITE 304 ORLANDO, FL 32812 US		Mailing Address 5448 HOFFNER AVE SUITE 304 ORLANDO, FL 32812 US	
2. Principal Place of Business 2728 TETON STONE RUN		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO FL		City & State	
Zip 32828	Country USA	Zip	Country
4. FEI Number 59-3563113		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent CURTIS, TERENCE 2728 TETON STONE RUN STONEBROOK ORLANDO, FL 32828		7. Name and Address of New Registered Agent Name DANIELLE McCallough Street Address (P.O. Box Number is Not Acceptable) 13143 Crystal River Dr. City Orlando FL Zip Code 32828	
9. 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 <u>Danielle McCallough</u> Danielle McCallough 4/23/04 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)</small> DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		10. 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	PD CURTIS, TERENCE 2728 TETON STONE RUN ORLANDO, FL 328287919 <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	VD ROGERS, STEVEN 2780 TETON STONERUN ORLANDO, FL 32828 <input checked="" 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
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
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 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 or trustee empowered to execute this report as required by Chapter 507, 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: <u>[Signature]</u>		Date: 4/23/04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	