



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P99000038416</b>		
1. Entity Name WOOD YOU OF NORTH MIAMI, INC.		
Principal Place of Business 12717 BISCAYNE BLVD. N. MIAMI, FL 33181	Mailing Address 6056 N.W. 83RD TERRACE PARKLAND, FL 33067	
<b>DO NOT WRITE IN THIS SPACE</b>		
		 04212006 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-0916059 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  NEWELL, PAUL D 101 LAWRENCE BLVD., SUITE 201 NEWELL BLDG. KEYSTONE HEIGHTS, FL 32656		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U00000550586 05/13/06-80068-004 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DRAPER, H. EDWARD 6056 NW 83RD TERRACE PARKLAND, FL 33067	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DRADER, PATRICIA S 6056 NW 83RD TERRACE PARKLAND, FL 33067	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u>H. Edward Draper</u> 4/20/06 959-652-1512 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		