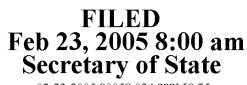
## 2005 FOR PROFIT CORPORATION



	ANNUAL	KEFOKI				, k	occi cu	ai y	OI OI	aic	
DOCUMENT # P99000069238  1. Entity Name NORWOOD SECURITIES INC.						02-23-2005 90058 034 ***158.75					
Principal Place of Business Mailing Address							# A A to T A 1	L·			
2213 E ATLA		2213 E ATLANTIC BLVD									
POMPANO B	EACH, FL 33062-5209	POMPANO BEACH, FL	33062-52	209		1 188(1881	 		ENER IUGU NEER INI	II (*)   B	
2. Principal Place of Business		3. Maiting Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01202005	Chg-P	C	R2E034 (10/0	3)		
City & State		City & State				4. FEI Numl 65-09				Applied For	
Zip	Country	Zip	Country	Country			e of Status Desire	d [	\$8.75 Fee Requ	Additional	
	6. Name and Address of Current	Registered Agent	· .	-		7. Name an	d Address of Ne	w Regist	ered Agent		
DUMBUNO	BOCER		ŀ	Name							
DUNNING, ROGER 2213 E ATLANTIC BLVD POMPANO BEACH, FL 33062-5209				Street Address (P.O. Box Number is Not Acceptable)							
				City	·				FL Zip C	Code	
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	registered	d office or r	registere	ed agent, or b	oth, in the State o	f Florida.	l am familiar w	ith, and accept	
SIGNATURE_											
	Signature, typed or printed name of registered agent	and title if applicable. (NO1)	E: Registered A	Agent signatur	re required	when reinstating)	<del></del>		DAIE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campa Trust Fund Cont		ing 🗆		00 May Be ed to Fees					
10.	OFFICERS AND		11.	1		ADDITIONS	CHANGES TO	OFFICER			
TITLE -	PD DUNNING, ROGER	☐ Defete	TITLE						☐ Chan	ge 🔲 Addition	
NAME STREET ADDRESS	2213 E ATLANTIC BOULEVARD		NAME	ADDRESS							
CITY-ST-ZIP	POMPANO BEACH, FL 3306252		CITY-S	- 1							
TITLE	VP	Delete	TITLE		UÆ	SULA	DUNNIT	VE	Chan	ge 🔲 Addition	
NAME STREET ADDRESS	LEWS, JAMES		NAME	ADDRESS	22	13 E	ATLANT	ے ر	BLD		
CITY-ST-ZIP	2213 E ATLANTIC BOULEVARD POMPANO BEACH, FL 3306252		CITY-S		Pom	PANO	BUACH	FL	33062	5209	
TITLE		☐ Delete	TITLE		-				Chan		
NAME -			- HAME		-		. •		-	- =	
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS IT-71P							
TITLE		☐ Delete	TITLE						☐ Chan	ge	
NAME		_ Doloic	NAME							go 🗀 . 20	
STREET ADORESS				ADDRESS							
CITY-ST-ZIP			CITY-S	IT-ZIP							
TITLE		☐ Delete	TITLE						☐ Chan	ge 🔲 Addition	
NAME STREET ADDRESS			NAME	ADDRESS							
CITY-ST-ZIP			CITY-S	- 1							
TITLE		☐ Delete	TITLE			,			Chan	ge 🔲 Addition	
NAME			NAME							_	
STREET ADDRESS				ADDRESS							
CITY-ST-ZIP		ALTERIA DE COMPANIO	CITY-S		-1:-0		W 10 10 10 10 10 10 10 10 10 10 10 10 10		47 4		
indicated	certify that the information supplied with on this report or supplemental report is	true and accurate and that r	r ine exem ny signatu	ption state re shall ha	ed in Sei ave the s	cuon 119.07(3 same legal effe	gur, Fiorida Statut ect as il made unc	es. i turth fer oath; i	ier certify that th that I am an offi	ne intormation cer 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.

<b>SIGNAT</b>	URE:
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR