2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

ANTIOAL ILL OIL				Secretary of State		
DOCUMENT # P99000069238 1. Entity Name NORWOOD SECURITIES INC.				Seci	ctary or s	<i>state</i>
Principal Place		failing Address	•			
2213 E ATLANTIC BLVD POMPANO BEACH, FL 33062-5209 2213 E ATLANTIC BLVD POMPANO BEACH, FL 33062-5209						
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				01062006 No Chg-P	CR2E034 (11/0	5)
DO NOT WRITE IN THIS SPACE				<u> </u>	Applied For	
DO NOT WAILE IN TIME OF ME			· .	4. FEI Number 65-0938106).—.(Not Applicable
				5. Certificate of Status Desired	\$8.75	
				3. Delimone of Status Desired	Fee Requ	ired
	6. Name and Address of Current Regi	stered Agent	***			
DUNNING	ROGER		**	DO NOT V	/DITE	
2213 E ATLANTIC BLVD						
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	named entity submits this statement for the ions of registered agent.	purpose of changing its registere	act office of register	ed agent, or both, in the State of t	-Yonga, 1 am Jamiliar Wi	un, and accept
		er P	or Berkinson	يُ الله الأسام كان كان كان		.) :
SIGNATURE_	Signature, typed or printed name of registered agent and little		d Agent signature required	f when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	 Election Campaign Finar Trust Fund Contribution. 		.00 May Be		
10.	OFFICERS AND DIRE	CTORS	section of the designation of the section of the se			
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	certify that the information supplied with this	filing does not qualify for the ex	emptions contained	d in Chapter 119, Florida Statutes	. I further certify that th	e information
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 cath; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

1. 10 - 0 4

9545661882 Deytine Phone #