
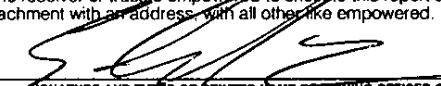


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90005 028 \*\*\*150.00

<b>DOCUMENT # P99000091735</b> 1. Entity Name <b>IRONWOOD HOLDINGS, INC.</b>					
Principal Place of Business <b>10739 DEERWOOD PARK BLVD. SUITE 300 JACKSONVILLE, FL 32256</b>			Mailing Address <b>10739 DEERWOOD PARK BLVD. SUITE 300 JACKSONVILLE, FL 32256</b>		
2. Principal Place of Business - No P.O. Box # <b>7807 Baymeadows Road East</b>		3. Mailing Address <b>P.O. Box 16068</b>			
Suite, Apt. #, etc. <b>Bldg.2, Ste. 205</b>		Suite, Apt. #, etc.			
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>			
Zip <b>32256</b>	Country <b>USA</b>	Zip <b>32245</b>	Country <b>USA</b>		
4. FEI Number <b>59-3615170</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>SIMON, BERT C 1660 PRUDENTIAL DRIVE SUITE 203 JACKSONVILLE, FL 32207</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
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, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BURR, EDWARD E 10739 DEERWOOD PARK BLVD STE 300 JACKSONVILLE, FL 32256</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Burr, Edward E 7807 Baymeadows Road East, Bldg.2, Ste. 205 Jacksonville, FL 32256</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>MATHEWS-GREENE, CYNTHIA 8044 WHISPER LAKE LANE, WEST PONTE VEDRA BEACH, FL 32082</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>ORENDER, M. G. 3909 DUVAL DR JACKSONVILLE BEACH, FL 32250</b>		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 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.					
<b>SIGNATURE:</b> 			<b>EDWARD E. BURR</b> <b>DIRECTOR</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>3/13/2008</b> Daytime Phone # <b>(904) 996-2485</b>		