

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P99000093664</b> 1. Entity Name <b>MAPLEWOOD INVESTMENTS, INC.</b>				<b>FILED</b> <b>06 APR 26 PM 2:38</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1904 RAA AVE. TALLAHASSEE, FL 32303-4420</b>		Mailing Address <b>1904 RAA AVE. TALLAHASSEE, FL 32303-4420</b>			
2. Principal Place of Business <b>P.O. Box 20732</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 20732</b> Suite, Apt. #, etc.		04252006 Chg-P CR2E034 (11/05)	
City & State <b>Tallahassee, FL</b>		City & State <b>Tallahassee, FL</b>		4. FEI Number <b>59-3604505</b>	
Zip <b>32316</b>		Zip <b>32316</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PAULSON, ROBERT A 1904 RAA AVE. TALLAHASSEE, FL 32303-4420</b>				7. Name and Address of New Registered Agent Name <b>CorpDirect Agents, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>515 E. Park Ave.</b>  City <b>Tallahassee</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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing <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	PTD PAULSON, ROBERT A 1904 RAA AVENUE TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Robert A. Paulson P.O. Box 20732 Tallahassee, FL 32316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAULSON, BARBARA J 1904 RAA AVENUE TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Barbara J. Paulson P. O. Box 20732 Tallahassee, FL 32316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	800074507708 05/12/06--01008--013 **158.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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>Barbara J. Paulson, Secretary</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <b>4/25/06</b> Daytime Phone #	