2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 17, 2006 08:00 AM **DOCUMENT # S08757 Secretary of State** 1. Entity Name THE WOODSMITH OF SOUTHWEST FLORIDA, INC. Principal Place of Business Mailing Address 901 NE 27TH LANE 901 NE 27TH LANE SUITE G SUITE G CAPE CORAL, FL 33909 CAPE CORAL, FL 33909 115 04122006 : No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3037320 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE SCHNAUTZ, STEVEN G. 1829 SW 40TH STREET IN THIS SPACE CAPE CORAL, FL 33914 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 3.31.06 SIGNATURE. Signature, typed or printed name of registered against and title if applicable INOTE Recistered Agent experience required when reinstations 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 U00000515024 Trust Fund Contribution. Added to Fees 04/29/06-80195-006 150.00 10. OFFICERS AND DIRECTORS TITLE SCHNAUTZ, STEVEN G. NAME 1829 SW 40TH STREET STREET ADDRESS CITY-ST-DP CAPE CORAL, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ACCRESS

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 cells; 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: _

CITY-ST-ZIP 717) F NAME STREET ADDRESS CITY-ST-ZP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7.71.06

239-574-7143