2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# S39832

FILED Aug 24, 2006 Secretary of State

Entity Name: MILTON J. WOOD FIRE PROTECTION, INC.

Current Principal Place of Business:			New Principal Place of Business:			
	E ROAD NVILLE, FL 322	226				
urrent Mailing Address:		New Mailing Address:				
O BOX 2 ACKSON	26219 NVILLE, FL 322	226				
El Number	: 59-3055303	FEI Number Applied For ()	FEI Number Not App	icable ()	Certificate of Status Desire	ed ()
ame and	d Address of C	Current Registered Agent:	Name and	Address of	New Registered Agent:	
VOOD, IV 805 FAYI ACKSON			urnoso of changing i	ts registered	office or registered agent	or both.
		submits this statement for the pu	irpose or changing i	to registered	. omoo or regionales agem,	
the Stat	e of Florida.	submits this statement for the pu	irpose of changing i	ta registered	, omes en registeres agent,	
the Stat	e of Florida. RE:	submits this statement for the pu nic Signature of Registered Ager			Date Date	
the Stat	e of Florida. RE:	ic Signature of Registered Ager	nt			
the Stat	e of Florida. RE: Electror S AND DIREC	ic Signature of Registered Ager TORS: Delete S. AD	nt	IS/CHANGE	Date	
the State IGNATU FFICER tle: ame: ddress:	e of Florida. RE: Electror S AND DIREC PTD () WOOD, MARK 3805 FAYE RO JACKSONVILLI	TORS: Delete S, AD E, FL 32226 Delete MARIE AD	ADDITION Title: Name: Address:	IS/CHANGE	Date S TO OFFICERS AND DI	
FFICER de: ame: dress: ty-St-Zip: de: ame: dress:	e of Florida. RE: Electror S AND DIREC PTD () WOOD, MARK 3805 FAYE RO JACKSONVILLI S () NEMETH, ANNI 3805 FAYE RO JACKSONVILLI	TORS: Delete S, AD E, FL 32226 Delete MARIE AD	ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	VP OGNJENOVI 3805 FAYE F	Date S TO OFFICERS AND DII () Change () Addition () Change () Addition () Change (X) Addition C, ZARKO	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNMARIE NEMETH S 08/24/2006