


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # 404486 1. Entity Name HIDDEN VALLEY PARK, INC.	
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Principal Place of Business 808 PARK AVE DE LEON SPRINGS, FL 32130	Mailing Address 808 PARK AVE DE LEON SPRINGS, FL 32130
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02282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1399532	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHULER, RICHARD W 808 PARK AVE DELEON SPRS, FLA DELEON SPRINGS, FL 32130

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000658328 03/15/07 00034 005 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SCHULER, JEANE G 808 PARK AVE DELEON SPRS, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHULER, RICHARD W 808 PARK AVE DELEON SPRS, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BENNETT, DEANNA SCHULER 808 PARK AVE DELEON SPGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHULER, MARK 808 PARK AVE DELEON SPGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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.
SIGNATURE: <u>Jeane Gibbs Schuler - Jeane Gibbs Schuler</u> <u>3/5/07</u> <u>386-985-4543</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>