2006 FOR PROFIT CORPORATION

CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with an address, with all other/like empowered

FILED ANNUAL REPORT Jan 06, 2006 08:00 AM **DOCUMENT # 429998 Secretary of State** 1. Entity Name BLACK CREEK LODGE, INC. Principal Place of Business Mailing Address 710 ELACKOFFED LODGE FD. 710 BLACK CPEEK LODGE FD. FFEEPORT, PL 32439 FFEEFORT, FL 32439 US 01042006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1471325 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SENTERFITT, TRUETT W., JR. DO NOT WRITE 710 BLACK CREEK LODGE RD FREEPORT, FL 32439 IN THIS SPACE 3. 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 it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME SENTERFITT, TRUETT W...JR 710 BLACK CREEK LODGE STREET ADDRESS 1100000378890 CITY-ST-ZIP FREEPORT FL 32459 01/09/06-80025-025 150.00 TITLE NAME SENTERFITT, TRUETT W STREET ADDRESS 10874 U.S. 331 NORTH CITY-ST-ZIP DEFUNIAK SPRINGS, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY -ST-73P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 it 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