2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 672796

1. Entity Name
WOODLAND LAKES CREATIVE RETIREMENT CONCEPTS, INC.

FILED
07 AUG 13 PM 2:18
TALLAHASSEE, FLORIDA

08082007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
TS, INC. 5401 HIGHWAY 17-92 WEST HAINES CITY, FL 33844	WOODLAND LAKES CREATIVE RET. CONCEPT 1901 US HIGHWAY 17-92 OFC 0 LAKE ALFRED, FL 33850-3192

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1901 US Highway 17-92	Above
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2016029 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STALNAKER, RALPH T. 100 WOODLAND DRIVE HAINES CITY, FL	Name STALNAKER, JAMES S. Street Address (P.O. Box Number is Not Acceptable) 111 LAKE REGION BLVD. City WINTER HAVEN FL Zip Code 33881

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 James S Stalnaker 8-10-07
Signature, name of printed name of registered agent and, if an officer, title (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DV STALKNER, JAMES S 111 LAKE REGION BLVD WINTER HAVEN, FL 33881	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	V PRES. STALNAKER JAMES S. 111 LAKE REGION BLVD WINTER HAVEN, FL 33881	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D STALNAKER, RALPH T 15 CANTERBURY DR. HAINES CITY, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PRESIDENT STALNAKER, RALPH T 15 CANTERBURY DR HAINES CITY, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D RICHARDSON, RALPH 63 PINE FORREST DR. HAINES CITY, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SEC. RICHARDSON, RALPH 63 PINE FORREST DR. HAINES CITY, FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	600108202766 08/16/07--01047--019 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

8/12/07

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: James S Stalnaker VP JAMES S. STALNAKER 863-662-0866
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #