2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2007 8:00 am Secretary of State

DOCUMENT # 735014 APPLE CREEK UNIT FIVE, INC. Principal Phase of Business APPLE CREEK UNIT FIVE, INC. Principal Phase of Business APPLE CREEK CRITER 7301 W. SURRISE BLVD. PAMITATION, FL 33313 US 2. Principal Phase of Business—No P.O. Box # Suite, Appl. #, etc. Suite, Appl. #, etc. Suite, Appl. #, etc. Suite, Appl. #, etc. Coy & State		ANNOAL			04-	-25-2007 90199	018 ****61	.25	
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City & State Country Special Registered Again Country Scenario Status Desired Registered Again Name Name Name The above named entity submits this statement for the purpose of changing its registered office or registered again, or born, in the State of Fords. Tam familiar with and active or constitution of registered again, or born, in the State of Fords. Tam familiar with and active or constitution of registered again, or born, in the State of Fords. Tam familiar with and active or constitution of registered again, or born, in the State of Fords. Tam familiar with and active or constitution of registered again, or born, in the State of Fords. Tam familiar with and active or constitution of registered again, or born, in the State of Fords. Tam familiar with and active or constitution of registered again, or born, in the State of Fords. Tam familiar with and active or constitution of registered again, or born, in the State of Fords. Tam familiar with and active or registered again, or born, in the State of Fords. Tam familiar with and active or registered again, or born, in the State of Fords. Tam familiar with and active or registered again, or born, in the State of Fords. Tam familiar with and active or registered again, or born, in the State of Fords. Tam familiar with and active or registered again, or born, in the State of Fords. Tam familiar with and active or registered again, or born, in the State of Fords. Tam familiar with and active or registered again, or born, in the State of Fords. Tam familiar with and active or registered again, or born, in the State of Fords. Tam familiar with and active or registered again, or born, in the State of Fords. Tam familiar with and active or registered again, or born, in the State of Fords. Tam familiar with and active or registered again, or born, in the State of Fords. Tam familiar with and active or registered again, or born, in the State of Fords. Tam famili	2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Zip Country Zip Country Sp-1698255 Not Applied S8.75 Additional Fee Required S	Suite, Apt. #, etc.		Suite, Apt. #, etc.		02222007 Ch	g-NP CR2	· · · · · · · · · · · · · · · · · · ·		
S. Cellinicals of Statuto Englishered Agent Fee Required Fee Required	City & State		City & State			5	<u> </u>	plied For t Applicable	
HOBART, ROBERT 7301 W SUNRISE BLVD PLANTATION, FL 33313 City FL Zip Code	Zip	Country	Zip	Country	5. Certificate of Sta	tus Desired			
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent		7. Name and Addr	ess of New Register	ed Agent		
ELECTOR SAND DIRECTORS IN 10 PLANTATION, FL 33313 City FL Zip Code 8. The above nemed entity submiss his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and act the obligations of registered agent. SIGNATURE Signature, injection prime name or impaired agent and time if accusable. Filling Fee is \$61.25 Due by May 1, 2007 Plant 20									
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 active obligations of registered agent. SIGNATURE Signature, typeed or primationame of registered agent and other a cookuses. (NOTE Registered Agent signature required when reinstance) OATE				Street Address (ot Acceptable)			
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 active obligations of registered agent. SIGNATURE Signature, typeed or primationame of registered agent and other a cookuses. (NOTE Registered Agent signature required when reinstance) OATE									
SIGNATURE Signature, speed or primed name or regulared appent and late if acolocable. (NOTE Regulared Agent A				City			FL Zip Code	3	
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12. Thereby 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									

12. I nereup ceruity that the information supplied with this filling does not quality 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 617, 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharm Thomas

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