


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # 740751 1. Entity Name ROCK CREEK, INC.	
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02262008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2003983	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NACHMAN, IRVIN W
4441 STIRLING ROAD
FT LAUDERDALE, FL 33314

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CANNER, WAYNE 11745 BERRY DRIVE COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEUMANN, STAN 31 CHESTNUT CIRCLE COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MASON, STEVEN 11425 WAYNE DR COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEKAREK, JAMES 11725 KIMMIE DRIVE COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVIDOR, AZRIEL 28 FOREST CIRCLE COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MINNAUGH, VICKI 17805 NW 15TH ST. PEMBROKE PINES, FL

**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 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

Date

Daytime Phone #

AS President

2/28/08

954 431-6965

VICKI A MINNAUGH