
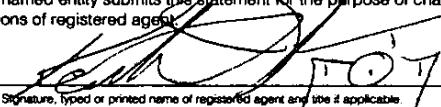



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-25-2007 90190 021 ****61.25

| | | | | | |
|--|--|---|---|---|---|
| DOCUMENT # F06000002567 1. Entity Name WOLF CREEK CHEROKEE TRIBE, INC. | | | |  | |
| Principal Place of Business P. O. BOX 186 STUART, VA 24171 | | | Mailing Address P. O. BOX 263 MILTON, FL 32572 | | |
| 2. Principal Place of Business - No P.O. Box # 5167 Ward Basin RD Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State Milton, FL | | | City & State | | |
| Zip 32583 | | Country USA | | Zip Country | |
| 4. FEI Number 63-1282532 | | | 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 JOHNSON, KENNETH 5167 WARD BASIN RD. MILTON, FL 32583 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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</small> | | | | 04/21/2007 <small>DATE</small> | |
| Filing Fee Is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EDV GRIFFITH, LORRAINE A 556 GREASY BEND LANE STUART, VA 24171 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PC GRIFFITH, GENE R SR. 556 GREASY BEND LANE STUART, VA 24171 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CASH, KATHY D 2266 PINE FOREST RD., LOT #6 CANTONMENT, FL 32533 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DISHMAN, MARGIE 371 SEMINOLE TRAIL DANVILLE, VA 24540 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Crossed out) | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Crossed out) | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | 04/21/2007 <small>Date</small> | |
| <small>Daytime Phone #</small> | | | | | |

ATTACHMENT 40081106



Wolf Creek Cherokee Tribe, Inc.

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Post Office Box 263

Milton, Florida 32572-0263

(850)564-4484

www.floridacherokee.com

E-Mail: office@floridacherokee.com

21-April-2007

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO Box 1500
Tallahassee, FL 32302-1500

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Attached, please find our filing of our 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (Document #F06000002567) and our company check for \$61.25 made out to the "Florida Department of State."

Please note that the only change that we wish to make of record is our principal address.

Should you have any questions, please feel free to contact us.

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Kenneth L. Johnson
Chief & Acting Agent

Enclosures

Florida Department of Agriculture & Consumer Services Registration #CH21525

Pursuant to Florida Statute 496.405: "A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."