2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 06, 2004 8:00 am Secretary of State DOCUMENT # F9700000502 05-06-2004 90169 004 ***150 00 SILVER CREEK DISTILLERS, INC. Principal Place of Business Mailing Address 11770 S.E. OLD DIXIE HWY PO BOX 8530 HOBE SOUND FL 33475 HOBE SOUND FL 33455 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 82-0422644 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MALLORY, EARL K Street Address (P.O. Box Number is Not Acceptable) 1907 COMMERCE LANE SUITE 104 JUPITER FL 33458 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE ☐ Delete TITLE Change BAR GOMEY JR OTTLEY, PHILIP G NAME STREET ADDRESS 11770 SE OLD DIXIE HWY STREET ADDRESS CITY-ST-ZIP HOBE SOUND FL CITY-ST-ZIP STD Addition TITLE ☐ Defete TITLE OTTLEY, PHILLIP NAME NAME 11770 SE OLD DIXIE HWY STREET ADDRESS STREET ADDRESS HOBE SOUND FL 33455 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Detete ☐ Addition TITLE TITLE NAME KENNEDY, JACK NAME 2001 SANTA MONICA BLVD #1265 W. STREET ADDRESS STREET ADDRESS SANTA MONICA CA 92408 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition FISHER, WILLIAM NAME NAME PO BOX 3625 STREET ADDRESS STREET ADDRESS HAILEY ID 83333 CITY-ST-ZIP CITY-ST-7/P Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 instee 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.

REOTTLEY

OFFICER OR DIRECTOR

FILED