


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90104 037 \*\*\*150.00

<b>DOCUMENT # F97000000502</b>		
1. Entity Name <b>SILVER CREEK DISTILLERS, INC.</b>		

Principal Place of Business <del>0235 APOLLO ST</del> <b>HOBE SOUND FL 33455</b>	Mailing Address <b>PO BOX 8530</b> <b>HOBE SOUND FL 33475</b>
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2. Principal Place of Business <b>ANSTIS</b> <b>9053 SE ANSTIS PL</b>	3. Mailing Address <b>P.O. Box 8530</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>HOBE SOUND FL</b>	City & State <b>HOBE SOUND, FL</b>
Zip <b>33455</b>	Zip <b>33475</b>
Country <b>USA</b>	Country <b>USA</b>



1st MOORE CR2E034 (10/04)

4. FEI Number <b>82-0422644</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>MALLORY, EARL K</b> <b>1907 COMMERCE LANE</b> <b>SUITE 104</b> <b>JUPITER FL 33458</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OTTLEY, PHILIP G 11770 SE OLD DIXIE HWY HOBE SOUND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MR DEKE WELLES</b> <b>P.O. Box 8530</b> <b>HOBE SOUND FL 33475</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OTTLEY, PHILLIP 11770 SE OLD DIXIE HWY HOBE SOUND FL 33455 <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	D KENNEDY, JACK 2001 SANTA MONICA BLVD #1265 W. SANTA MONICA CA 92408 <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	VP FISHER, WILLIAM PO BOX 3625 HAILEY ID 83333 <input checked="" 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	D OTTLEY, PHILIP G JR PO BOX 215 KETCHUM ID 83340 <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	D SCOTT, WILLIAM 134 NORTH 3300 EAST RIGBY ID 83442 <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 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 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: **PRES/DIR** **772-546**  
DATE: **26 JAN 05** 9990  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #