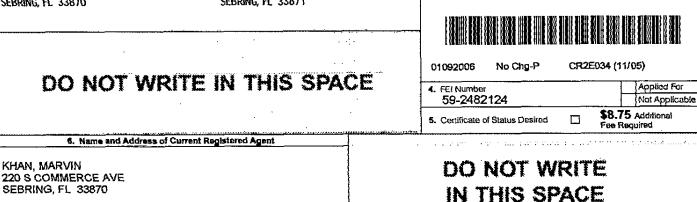
## 2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # G88339 1. Entity Name ORANGE CREEK GROVES, INC. Principal Place of Business 220 S COMMERCE AVE SEBRING, FL 33870 Mailing Address PO BOX 3346 SEBRING, FL 33871

## FILED Jan 17, 2006 08:00 AM Secretary of State



5. 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

SIGNATURE  Signature, typed or primed name of registered agent and title 4 applicable. (NOTE, Registered Agent agent are required when rensisting)  DATE					
FIL After M	<ol> <li>Election Campaign Financing Trust Fund Contribution.</li> </ol>	<b>.</b> D	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS GTY-ST-ZIP	S DOUBERLY, WAYNE R. 220 S COMMERCE AVE SEBRING, FL 33870			,	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	PD KAHN, MARVIN 220 S COMMERCE AVE SEBRING, FL 33870				UI/ZU/U6_3UU35-U21 15 <b>U.UU</b>
TITLE NAME STREET ADDRESS CXTY-ST-ZIP	D SCOTT, FLORIDA L 8128 HOLLIDAY DRIVE INDIANAPOLIS, IN 46260	_		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statules, 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-06

863-315-6136