

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**


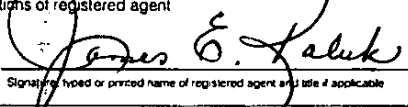
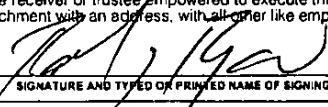
04-14-2006 90151 035 \*\*\*\*70.00

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**50012240**



02072006 Chg-NP CR2E037 (11/05)

|  |   |   |                                 |
|--|---|---|---------------------------------|
| <b>DOCUMENT # N00000007003</b>   |   |                                |                                 |
| 1. Entity Name<br><b>SHEPHERD'S CREEK, INC.</b>  |   |   |                                 |
| Principal Place of Business<br><b>6658 AVENUE B<br/>SARASOTA, FL 34231</b>   |   | Mailing Address<br><b>6658 AVENUE B<br/>SARASOTA, FL 34231</b>  |                                 |
| 2. Principal Place of Business<br><b>9114 64th Ave. East</b>   |   | 3. Mailing Address<br><b>PO Box 21076</b>   |                                 |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |                                 |
| City & State<br><b>Bradenton, FL</b>   |   | City & State<br><b>Bradenton, FL</b>  |                                 |
| Zip<br><b>34202</b>  | Country<br><b>United States</b>   | Zip<br><b>34204</b>   | Country<br><b>United States</b> |
| 4. FEI Number<br><b>65-1063776</b>   |   | Applied For<br><input type="checkbox"/> Not Applicable  |                                 |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |   | <b>\$8.75 Additional Fee Required</b>   |                                 |
| 6. Name and Address of Current Registered Agent  |   |   |                                 |
| SCOTT, R CHARLES<br>6658 AVENUE B<br>SARASOTA, FL 34231  |   |   |                                 |
| 7. Name and Address of New Registered Agent  |   |   |                                 |
| Name<br><b>James Kaluk</b>   |   |   |                                 |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>6507 Drewry's Bluff</b>   |   |   |                                 |
| City<br><b>Bradenton, FL</b>   |   |   |                                 |
| Zip Code<br><b>34212</b>   |   |   |                                 |
| 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<br>   |   | James Kaluk - President   |                                 |
| Signature typed or printed name of registered agent and title if applicable  |   | (NOTE: Registered Agent signature required when renewing)   |                                 |
| Filing Fee is \$61.25<br>Due by May 1, 2006  |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                 |
|  |   | Make check payable to<br>Florida Department of State  |                                 |
| 10. OFFICERS AND DIRECTORS   |   |   |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TSD<br>SCOTT, R. CHARLES<br>6658 AVENUE B<br>SARASOTA, FL 34231 <input checked="" type="checkbox"/> Delete                                    |   |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>FULMER, MARSHA<br>10144 REAGAN DAIRY TROIL<br>BRADENTON, FL 34202 <input checked="" type="checkbox"/> Delete                             |   |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |   |                                 |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |   |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>James Kaluk<br>6507 Drewry's Bluff<br>Bradenton, FL 34212 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |   |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>Robert Ryan<br>109 Juniper Trace<br>Parrish, FL 34219 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |   |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>Sally Brinkman<br>8713 26th Ave. East<br>Palmetto, FL 34221 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |   |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:<br>  |   | Robert Ryan - Treasurer   |                                 |
| Signature and typed or printed name of signing officer or director   |   | Date<br><b>4/8/06</b> (941)776-8816   |                                 |