2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 03, 2006 8:00 am Secretary of State

| 1. Entity Nam KENNWO | MENT # N03000004 DOD ON THE LAKE PROPE ATION, INC. | | 04-03-2006 | 90385 033 ****6 | 51.25 | | | |
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| Principal Place of Business Mailing Addre 4312 SHADOW WOOD TR 4312 SHADO WINTER HAVEN, FL 33880 WINTER HAV | | | | 118811181 814 8 | elės ino sėjų sylį sy | EBIH BIQU BEKU IBBU | | |
| ? Principal P | Place of Business | 3. Mailing Address | | | | | | |
| | | | 1 IMML/AM) Sit W | NED MAIN COM COM COM | ISE MALA MBAIF MIMIL BULIA 104 UU : | | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | 03082006 | Chg-NP | CR2E037 (11/05) | | | |
| City & Stat | te | City & State | | 4. FEI Number APPLIED | FOR | | pptied For lot Applicable | |
| Zip | Country | Zip | Country | 5. Certificate o | f Status Desired | \$8.75 Ad | Iditional | |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and A | ddress of New R | <u>.</u> | | |
| YOUNG N | NFAI F | | Name | | | | | |
| YOUNG, NEAL E 300 THIRD STREET NW WINTER HAVEN, FL 33881 | | | Street A | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | City | | | Zip Coo | de | |
| 4 The shove | a named entity submits this statement for | w the number of changing its | | recietared agent, or both | in the State of Fig | PL ' | | |
| | tions of registered agent. | the purpose or changing no | legistered unice o | Tegisteren agent, or som | , IN UIB State Or i it | Official I dill fallingi white | , and accept | |
| | | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and tale # applicable. (NOTE: | : Registered Agent signati | ure required when reinstating) | | DATE | | |
| SIGNATURE | Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2006 | | paign Financing | \$5.00 May Be Added to Fees | | DATE lake check payable trida Department of S | | |
| SIGNATURE | Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIR | 9. Election Cam Trust Fund Co | paign Financing | \$5.00 May Be Added to Fees ADDITIONS/CHAI | Flor | lake check payable trida Department of S | itate | |
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12. I hereby certify that the information supplied with this filling 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: | Kenn | Kowlpe | , KENN | KowAlske | President | 863-559-958 |
|------------|-----------------|------------------------------------|--------|-----------------|-----------|-------------|
| | SIGNATURE AND T | YPED OR PRINTED NAME OF SIGNING OF | Date | Daytime Phone # | | |