## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000002068

FILED Jul 09, 2007 Secretary of State

Entity Na	me: BLACKWATER CREEK HOMEO\	
Current P	rincipal Place of Business:	New Principal Place of Business:
	E JOSEPHINE DR , FL 33875	
Current M	lailing Address:	New Mailing Address:
	E JOSEPHINE DR , FL 33875	PO BOX 7523 WINTERHAVEN, FL 33883
	: 20-5471330 FEI Number Applied For ( ace with s. 607.193(2)(b), F.S., the corporation	
Name and	l Address of Current Registered Age	nt: Name and Address of New Registered Agent:
	E JOSEPHINE DR	
GLBKING	, FL 33875 US	
The above		r the purpose of changing its registered office or registered agent, or both,
The above in the State	e named entity submits this statement fo e of Florida. RE:	
The above in the State	e named entity submits this statement fo e of Florida.	
The above in the State SIGNATU	e named entity submits this statement fo e of Florida. RE:	
The above in the State SIGNATU	e named entity submits this statement fo e of Florida. RE: Electronic Signature of Registere	ed Agent Date
The above in the State SIGNATUI  OFFICER  Title: Name: Address:	e named entity submits this statement for e of Florida.  RE:  Electronic Signature of Registers  S AND DIRECTORS:  D () Delete  HIGH, PATRICK 1390 LAKE JOSEPHINE DR	ed Agent  Date  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: ( ) Change ( ) Addition  Name:  Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLEN CHITTY SEC 07/09/2007