2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006
Secretary of State

DOCUMENT# N41682

Entity Name: BLACKBERRY CREEK AND ST. CLOUD COMMERCE CENTER MASTER ASSOCIATION, INC.

Current Principal Place of Business:

101 PARK PLACE BLVD.
SUITE 3
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

101 PARK PLACE BLVD.
SUITE 3
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 59-3048853 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHOOLFIELD, WAYNE
101 PARK PLACE BLVD SUITE 3
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SCHOOLFIELD, WAYNE
Address: 101 PARK PLACE BLVD SUITE 3
City-St-Zip: KISSIMMEE, FL 34741

Title: VPD ( ) Delete
Name: FOREMAN, STEPHEN F.,
Address: 1940 SUMMERLAND AVENUE
City-St-Zip: WINTER PARK, FL

Title: STD ( ) Delete
Name: HOLLOWAY, RUFUS M.,, JR
Address: 1616 LAKESHORE DRIVE
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: SCHOOLFIELD, KEVIN,
Address: 101 PARK PLACE BLVD, SUITE 3
City-St-Zip: KISSIMMEE, FL 34741

Title: STD (X) Change ( ) Addition
Name: RASMUS, SHERAN,
Address: 101 PARK PLACE BLVD, SUITE 3
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the 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: WAYNE SCHOOLFIELD PD 01/13/2006

Electronic Signature of Signing Officer or Director — Date