2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Jan 11, 2007 8:00 am Secretary of State DOCUMENT # N45513 01-11-2007 90060 024 ****61 25 WARRIOR CREEK HUNTING CLUB, INC. Principal Place of Business Mailing Address 243 WEST PARK AVE P.O. BOX 340 WINTER PARK, FL 32789 C/O DAINEL HUNTER WINTER PARK, FL 32790 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 227 WEST PARK AUE PO BOX 340 Suite, Apt. #, etc. 01042007 Chg-NP WINTER PARK, Fla CR2E037 (12/06) WINTER PARK, FLA City & State City & State 3 2790 4. FEI Number Applied For 32789 59-3114102 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired USA ÚSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUNTER, DANIEL M 227 W PARK AVE Street Address (P.O. Box Number is Not Acceptable) WINTER PARK, FL 32789 Zip Code 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 stered agent and title if applicable Signature, typed or printed name of re Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 D TITLE ☐ Delete TITLE ☐ Change Addition NAME HUNTER, DANIEL M NAME STREET ADDRESS 227 W PARK AVE STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL CITY-ST-ZIP ☐ Delete THILE ☐ Change ☐ Addition NAME TRES, THOMAS NAME 2127 FORREST CLUB DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32804 CITY-ST-ZIP ☐ Change TITLE TITLE ☐ Addition ☐ Delete NAME BRANNON, MIKE NAME STREET ADDRESS 1006 LEWIS DRIVE STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 407-647-6900 Daytime Phone #

12. Thereby 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.