2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Secretary of State DOCUMENT # P00000047132 02-01-2007 90025 045 ***150 00 BLACK CREEK LOGGING, INC. Principal Place of Business Mailing Address 40007980 7777 BUNDY LK RD 7777 BUNDY LK RD KEYSTONE HEIGHTS, FL 32656 KEYSTONE HEIGHTS, FL 32656 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252007 CR2E034 (12/06) Chq-P City & State Applied For City & State 4. FEI Number 59-3650222 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEBORAH P. HATCHER 777 BUNDY LK RD Street Address (P.O. Box Number is Not Acceptable) KEYSTONE HEIGHTS, FL 32656 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Defete TITLE TITLE HATCHER, RANDALL J NAME NAME 7777 Bendy Cake Rel 7777 Bendy Jake Rel 777 BUNDY LK RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656 CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME HATCHER, DEBORAH P 777 BUNDY LK RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656 CITY-ST-ZIP ☐ Delete TITLE Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP City - ST-ZIP Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 607, 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 exployered.

FILED Feb 01, 2007 8:00 am