2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# P01000066285

Entity Name: SPINNAKER REALTY, INC.

Current Principal Place of Business:

1234 AIRPORT RD., STE. 102
DESTIN, FL 32541

New Principal Place of Business:

3997 COMMONS DRIVE WEST
SUITE I
DESTIN, FL 32541

Current Mailing Address:

1234 AIRPORT RD., STE. 102
DESTIN, FL 32541

New Mailing Address:

3997 COMMONS DRIVE WEST
SUITE I
DESTIN, FL 32541

FEI Number: 59-3727345 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CANNON, SHANE
1234 AIRPORT RD STE 102
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

CANNON, SHANE
3997 COMMONS DRIVE WEST
SUITE I
DESTIN, FL 32541 US

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: _____ 04/27/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DVS ( ) Delete
Name: WILLARD, THOMAS V
Address: 1234 AIRPORT RD., STE. 102
City-St-Zip: DESTIN, FL 32541

Title: DPT ( ) Delete
Name: BALLARD, ALMON BOWEN
Address: 1234 AIRPORT RD., STE. 102
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVS (X) Change ( ) Addition
Name: WILLARD, THOMAS V
Address: 3997 COMMONS DRIVE WEST, SUITE I
City-St-Zip: DESTIN, FL 32541

Title: DPT (X) Change ( ) Addition
Name: BALLARD, ALMON BOWEN
Address: 3997 COMMONS DRIVE WEST, SUITE I
City-St-Zip: DESTIN, FL 32541

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: A BOWEN BALLARD DPT 04/27/2007
Electronic Signature of Signing Officer or Director — Date