2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-ZIP

SIGNATURE:

Apr 18, 2008 08:00 A Secretary of State DOCUMENT # P02000006190 SPANISHTOWN CREEK, INC. Principal Place of Business Mailing Address 401 S. FLORIDA AVE. P.O. BOX 26982 #703 TAMPA, FL 33623 TAMPA, FL 33601 CR2E034 (11/05) 04132008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0379600 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE EGNER, DARRELL 401 S. FLORIDA AVE. #703 IN THIS SPACE TAMPA, FL 33601 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 UUUUUUU 7944 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 U5/06/08-80010-005 158.75 10. OFFICERS AND DIRECTORS TITLE EGNER, DARRELL NAME STREET ADDRESS 401 S. FLORIDA AVE., #703 CITY-ST-ZIP TAMPA, FL 33601 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I nereby 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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #