2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 31, 2006 08:00 AM **Secretary of State** DOCUMENT # P02000041498 CHEROKEE 140, INC. Principal Place of Business Mailing Address 700 PINEHURST PLACE 700 PINEHURST PLACE ST. AUGUSTINE, FL 32080 ST. AUGUSTINE, FL 32080 03292006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 11-3672669 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. WARNER, HENRY C DO NOT WRITE 700 PINEHURST PLACE ST. AUGUSTINE, FL 32080 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algusture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 16. OFFICERS AND DIRECTORS WARNER, HENRY C MARKE STREET ADDRESS 700 PINEHURST PLACE CATY-ST-ZIP ST. AUGUSTINE, FL 32080 U00000486941 04/13/06-80056-022 150.00 ATTLE NAME STREET ADDRESS CITY-ST-70 MIL NAME STREET ADDRESS DO NOT WRITE DITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADORESS CXTY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby 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 receivering trustee empowered to execute his 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 approvered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DENATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED