2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# P02000081742

Entity Name: ST. LUCIE ROCK WATERFALLS, INC.

Current Principal Place of Business:

4775 NW GIMLET AVE
PORT ST LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

4775 NW GIMLET AVE
PORT ST LUCIE, FL 34983

New Mailing Address:

FEI Number: 22-3869043 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CSEAK, ANN MARIE
4775 NW GIMLET AVE.
PORT ST LUCIE, FL 34983 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: EXVP ( ) Delete
Name: CSEAK, ANN MARIE
Address: 4775 NW GIMLET AVE.
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: P ( ) Delete
Name: CSEAK, THOMAS C JR.
Address: 655 SW HEATHER STREET
City-St-Zip: PORT ST LUCIE, FL 34983

Title: VPM ( ) Delete
Name: CSEAK, GENNIFER
Address: 655 SW HEATHER STREET
City-St-Zip: PORT ST LUCIE, FL 34983

Title: V ( ) Delete
Name: GALLERY, BRIAN
Address: 2032 SW AMERICANA ST
City-St-Zip: PORT ST LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ANN MARIE CSEAK RA 04/26/2007

Electronic Signature of Signing Officer or Director — Date