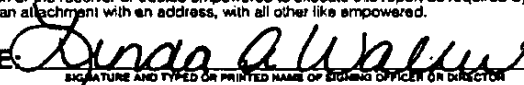


FILED  
Mar 10, 2005 8:00 am  
Secretary of State

02-11-2005 90042 041 \*\*\*150.00

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                                                                      |                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DOCUMENT # P04000157642                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                                     |                                                                                                                                                                          |
| 1. Entity Name<br>ROCKY BLUFF PROPERTIES, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                                                                      |                                                                                                                                                                          |
| Principal Place of Business<br>417 12TH STREET WEST<br>SUITE 200<br>BRADENTON, FL 34205                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | Mailing Address<br>417 12TH STREET WEST<br>SUITE 200<br>BRADENTON, FL 34205                                                          |                                                                                                                                                                          |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 | 3. Mailing Address                                                                                                                   |                                                                                                                                                                          |
| Suite, Apt. #, etc. <b>203</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 | Suite, Apt. #, etc. <b>203</b>                                                                                                       |                                                                                                                                                                          |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 | City & State                                                                                                                         |                                                                                                                                                                          |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                         | Zip                                                                                                                                  | Country                                                                                                                                                                  |
| 6. Name and Address of Current Registered Agent<br>WALKER, ADRON H<br>3119 MANATEE AVENUE WEST<br>BRADENTON, FL 34205                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                                                                                                      |                                                                                                                                                                          |
| SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                                                                                      |                                                                                                                                                                          |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees                   |                                                                                                                                                                          |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                |                                                                                                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>P.S.T<br/>MICHAEL M. CARTER<br/>417-12th ST. W. SUITE 203<br/>BRADENTON, FL 34205</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>VP<br/>LINDA A. WALKER<br/>417-12th ST. W. SUITE 203<br/>BRADENTON, FL 34205</b>      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                        |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered. |                                 |                                                                                                                                      |                                                                                                                                                                          |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 | Date: <b>2/8/05</b> Daytime Phone: <b>941-144-5875</b>                                                                               |                                                                                                                                                                          |