2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P08000068797

Entity Name: BLACK CREEK MARINA, INC.

Current Principal Place of Business:

414 OLD HARD ROAD
SUITE 201
ORANGE PARK, FL 32003

New Principal Place of Business:

414 OLD HARD ROAD
SUITE 201
FLEMING ISLAND, FL 32003

Current Mailing Address:

414 OLD HARD ROAD
SUITE 201
ORANGE PARK, FL 32003

New Mailing Address:

414 OLD HARD ROAD
SUITE 201
FLEMING ISLAND, FL 32003

FEI Number: 80-0223079 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDWARDS, MABRY JR.
414 OLD HARD ROAD
SUITE 201
ORANGE PARK, FL 32003 US

Name and Address of New Registered Agent:

EDWARDS, MABRY JR.
414 OLD HARD ROAD
SUITE 201
FLEMING ISLAND, FL 32003 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: 04/28/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WOOD, JAMES R
Address: 414 OLD HARD ROAD, SUITE 201
City-St-Zip: ORANGE PARK, FL 32003

Title: VP/S ( ) Delete
Name: WOOD, SUSAN D
Address: 414 OLD HARD ROAD, SUITE 201
City-St-Zip: ORANGE PARK, FL 32003

Title: T ( ) Delete
Name: EDWARDS, MABRY JR.
Address: 414 OLD HARD ROAD, SUITE 201
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WOOD, JAMES R
Address: 414 OLD HARD ROAD, SUITE 201
City-St-Zip: FLEMING ISLAND, FL 32003

Title: VP/S (X) Change ( ) Addition
Name: WOOD, SUSAN D
Address: 414 OLD HARD ROAD, SUITE 201
City-St-Zip: FLEMING ISLAND, FL 32003

Title: T (X) Change ( ) Addition
Name: EDWARDS, MABRY JR.
Address: 414 OLD HARD ROAD, SUITE 201
City-St-Zip: FLEMING ISLAND, FL 32003

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: MABRY EDWARDS, JR T 04/28/2009
Electronic Signature of Signing Officer or Director — Date