2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2004 08:00 AM **DOCUMENT # P93000057591 Secretary of State** WILLOW CREEK TRADING CO., INC. Principal Place of Business Mailing Address 224 CHERRYWOOD DR 224 CHERRYWOOD DR MAITLAND, FL 32751-3410 MAITLAND, FL 32751-3410 CR2E034 (10/03) 04222004 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3197745 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRYSON, SHARON DO NOT WRITE 224 CHERRYWOOD DR MAITLAND, FL 32751 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 signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSD IIILE NAME BRYSON, SHARON 224 CHERRYWOOD DR STREET ADDRESS 1/00000130599 04/26/04-80125-008 150.00 CITY-ST-ZP MAITLAND, FL 32751 HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP

12. I hereby certify that the information supplied with this filling 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Shore AND SANGE Share B

4/25/34 407-339-6627

FILED