2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 24, 2006 08:00 AN Secretary of State **DOCUMENT # P93000084758** 1. Entity Name ROCKY CREEK LAND CORPORATION, INC. Principal Place of Business Mailing Address 1050 S.E. 6TH STREET P.O. BOX 311 LAKE BUTLER, FL 32054 LAKE BUTLER, FL 32054 CR2E034 (11/05) 04192006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3217044 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PRITCHETT, M H DO NOT WRITE 1050 SE 6TH ST LAKE BULTER, FL 32054 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 1\$ \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE HAZEN, JACK E NAME **ROUTE 2 BOX 3074** STREET ADDRESS CITY-ST-ZIP STARKE, FL 32091 U00000525097 TITLE 05/04/06-80016-020 150.00 PRITCHETT, MARVIN H NAME STREET ADDRESS P.O. BOX 311 N/A LAKE BUTLER, FL 32054 CITY-ST-ZIP TITLE SHADD, JOHN L NAME STREET ADDRESS P.O. BOX 506 N/A DO NOT WRITE CITY-ST-ZIP LAKE BUTLER, FL 32054 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

4/**20** /06

386-496-2630

Daytime Phone #

M. H. Pritchett