2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007
Secretary of State

DOCUMENT# P95000012618

Entity Name: CALA HILLS PARK, INC.

Current Principal Place of Business:

2801 SW COLLEGE RD
UNIT 18
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

PO BOX 5130
OCALA, FL 344785130

New Mailing Address:

FEI Number: 59-3302247 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOWLER, DEBRA
2801 SW COLLEGE RD UNIT 18
OCALA, FL 34474 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: VD ( ) Delete
Name: GRAY, STEVEN H
Address: 125 N.E. FIRST AVE., STE. 1
City-St-Zip: OCALA, FL 34474

Title: VD ( ) Delete
Name: GLASSMAN, SHARON M.,
Address: 2801 SW COLLEGE RD UNIT 18
City-St-Zip: OCALA, FL 34474

Title: PD ( ) Delete
Name: GLASSMAN, JEROME E.,
Address: 2801 SW COLLEGE RD UNIT 18
City-St-Zip: OCALA, FL 34474

Title: STD ( ) Delete
Name: FOWLER, DEBRA S.,
Address: 2801 SW COLLEGE RD UNIT 18
City-St-Zip: OCALA, FL 34474

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: SHARON GLASSMAN VP 04/13/2007

Electronic Signature of Signing Officer or Director — Date