


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000039831 1. Entity Name CRICKET CREEK CORPORATION	
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Principal Place of Business 3670 U.S. 1 SOUTH STE. 270 ST. AUGUSTINE, FL 32086	Mailing Address 3670 U.S. 1 SOUTH STE. 270 ST. AUGUSTINE, FL 32086
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01152006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3385301	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent POLLARD, DARNELL 3670 U.S. 1 SOUTH, STE. 270 ST. AUGUSTINE, FL 32086
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DO NOT WRITE 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 (file if applicable) (NOTE: Registered Agent signature required when reissuing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT POLLARD, DARNELL 3670 U.S. 1 SOUTH, STE. 270 SAINT AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LAMENDOLA, BEN 905 REDBUD TRAIL ST. AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000485301
04/12/06-80077-023 150.00

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: X Darnell Pollard **3-28-06 904797-500 2**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #