


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90092 021 \*\*\*150.00

<b>DOCUMENT # P97000072577</b> 1. Entity Name <b>NORTH CREEK DEVELOPMENT, INC.</b>					
Principal Place of Business <b>8830 S. TAMiami TRl SARASOTA, FL 34238 US</b>			Mailing Address <b>2500 BAYSHORE ROAD NOKOMIS, FL 34275</b>		
2. Principal Place of Business		3. Mailing Address <b>1286 Thoreau Circle</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Venice, FL</b>		4. FEI Number <b>65-0775585</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>34292</b>		Country <b>USA</b>		01042006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>RASMUSSEN, PAMELA 2500 BAYSHORE RD NOKOMIS, FL 34275</b>			7. Name and Address of New Registered Agent Name <b>RASMUSSEN, PAMELA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1286 Thoreau Circle</b> <b>Venice, FL 34292</b> City <b>FL</b> Zip Code		
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 <u><i>Pamela Rasmussen</i></u> DATE <u>1/4/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RASMUSSEN, PAMELA 2500 BAYSHORE ROAD NOKOMIS, FL 34275	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Rasmussen, Pamela 1286 Thoreau Circle Venice, FL 34292	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Pamela Rasmussen</i></u> <u>PAMELA Rasmussen</u> <u>1/4/06</u> <u>(941) 870-5633</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					