2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 28, 2006 08:00 AN **DOCUMENT # P98000041520 Secretary of State** HUNTER'S CREEK PROPERTIES, INC. Principal Place of Business Mailing Address PO BOX 771081 14613 EAGLES CROSSING DR. ORLANDO, FL 32877-1081 ORLANDO, FL 32837 01122006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3512422 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SACKS, RANDALL LEE 14613 EAGLES CROSSING DRIVE ORLANDO, FL 32837 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) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PN TITLE MARKE SACKS, RANDALL L STREET ADDRESS 14613 EAGLES CROSSING DR ORLANDO, FL 32837 CITY-ST-ZIP THE U00000545828 05/11/06-80091-024 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE IIILE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME

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 attactgread with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

407-826-0740