


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90052 023 ***150.00

DOCUMENT # P98000056114		
1. Entity Name BIG CREEK RANCH, INC.		

Principal Place of Business 25 WALTER MARTIN ROAD, NE #101 FORT WALTON BEACH, FL 32548	Mailing Address PO BOX 2379 FORT WALTON BEACH, FL 32549
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2. Principal Place of Business 909 Mar Walt Drive Suite, Apt. #, etc. 1014	3. Mailing Address 909 Mar Walt Drive Suite, Apt. #, etc. 1014
City & State Fort Walton Beach, FL	City & State Fort Walton Beach, FL
Zip 32547	Country Okaloosa

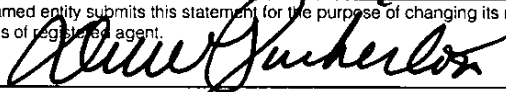


02092006 Chg-P CR2E034 (11/05)

4. FEI Number 63-0371391	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PINKERTON, DREW S 25 NE WALTER MARTIN RD FORT WALTON BEACH, FL 32548	7. Name and Address of New Registered Agent Name Drew S. Pinkerton Street Address (P.O. Box Number is Not Acceptable) 909 Mar Walt Drive, Suite 1014 City Fort Walton Beach FL Zip Code 32547
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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.

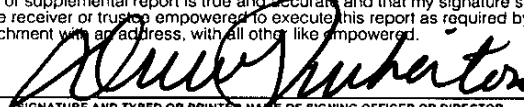
SIGNATURE  DATE 3/9/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR PINKERTON, DREW S 25 WALTER MARTIN RD NE #101 FORT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mr. Drew S. Pinkerton 909 Mar Walt Drive, Suite 1014 Fort Walton Beach, FL 32547 <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:  DATE 3/9/06 DAYTIME PHONE # 850-243-8194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR