2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P98000098677

Entity Name: TURKEY CREEK OUTDOOR ADVENTURES, INC.

Current Principal Place of Business:

PO BOX 1645
UVALDE, TX 78802

New Principal Place of Business:

Current Mailing Address:

PO BOX 1645
UVALDE, TX 78802

New Mailing Address:

FEI Number: 59-3550298 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, PETER N ESQ
225 EAST ROBINSON STREET
SUITE 450
ORLANDO, FL 32801 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: PD ( ) Delete
Name: SEWELL, JOHN F
Address: 16700 SANDHILL ROAD
City-St-Zip: WINTER GARDEN, FL 34787

Title: VPD ( ) Delete
Name: SEWELL, PATRICIA ANN
Address: 16700 SANDHILL ROAD
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete
Name: SEWELL, JOHN L
Address: 225 EAST ROBINSON STREET SUITE 450
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SEWELL, JOHN F
Address: PO BOX 1645
City-St-Zip: UVALDE, TX 78802

Title: VPD (X) Change ( ) Addition
Name: SEWELL, PATRICIA ANN
Address: PO BOX 1645
City-St-Zip: UVALDE, TX 78802

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 Section 119.07(3)(i), 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: PATRICIA A SEWELL VPD 04/29/2005

Electronic Signature of Signing Officer or Director — Date