2008 FOR FROFIT CORPORATION

FILED ANNUAL REPORT May 02, 2008 08:00 AN Secretary of State DOCUMENT # P99000063465 1. Entity Name NORTH CREEK CONSTRUCTION, INC. Principal Place of Business Mailing Address 3333 CLARK ROAD 3333 CLARK ROAD SARASOTA, FL 34231 SARASOTA, FL 34231 04172008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0934707 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RASMUSSEN, WAYNE DO NOT WRITE 3333 CLARK ROAD SARASOTA, FL 34231 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be U00000944978 05/29/08-80121-021 150.00 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TIT1 F RASMUSSEN, WAYNE NAME STREET ADDRESS 3333 CLARK ROAD CITY-ST-ZIP SARASOTA, FL 34231 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: 2 . . SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D 4/23/08