2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 30, 2007 8:00 am Secretary of State **DOCUMENT # P99000109499** 04-30-2007 90476 040 ***150.00 LOXAHATCHEE CANOEING, INC. Principal Place of Business Mailing Address 00040065 7164 COLONY CLUB DR 10216 LEE RD. BOYNTON BEACH, FL 33437 304 LAKE WORTH, FL 33463 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 7156 Colony Club Dave 105 Suite, Apt. #, etc. Suite, Apt. #, etc. 04212007 Chg-P CR2E034 (12/06) 105 City & State Applied For City & State 4. FEI Number Lake Worth 65-0969877 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DETORE, KIM 7164 COLONY CLUB DR 304 Street Address (P.O. Box Number is Not Acceptable) WAUSAU, FL 32463 LakeWorth 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change TFFLE TITLE ☐ Delete ☐ Addition Defore Kin DETORE, KIM NAME NAME 7150 Colony Club Drive 105 Lake Worth F 33463 STREET ADDRESS 5381 BLUEBERRY HILL AVE STREET ADDRESS LAKE WORTH, FL 33463 CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

AME OF SIGNING OFFICER OR DIRECTOR