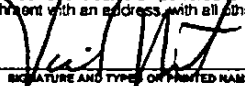


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 8:00 am
Secretary of State

04-20-2006 90169 006 ****61.25

DOCUMENT # 724858 1. Entity Name CRYSTAL GREENS NORTH INC			
Principal Place of Business 4321 N.W. 9TH AVE. POMPANO BEACH, FL 33064		Mailing Address 4321 N.W. 9TH AVE. 201 # 105 POMPANO BEACH, FL 33064	
2. Principal Place of Business		3. Mailing Address 500 N.E. Spanish River Blvd., #18	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #18	
City & State		City & State Boca Raton, FL	
Zip	Country	Zip 33431	Country FL
6. Name and Address of Current Registered Agent FLORENCE DOLL 4321 NW 9 AVENUE #105 POMPANO BEACH, FL 33064		7. Name and Address of New Registered Agent Name: Ernest Willis Street Address (P.O. Box Number Is Not Acceptable) Beacon Property Management, Inc 500 N.E. Spanish River Blvd., #18 City: Boca Raton FL Zip Code: 33431	
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: 4/28/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIGIORGIO, DELLA 4321 NW 9TH AVE #203 POMPANO BEACH, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☒ Addition McKENZIE, John 500 NE Spanish River Blvd, #18 Boca Raton, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOX, SANDRA 4321 NW 9TH AVE # 105 POMPANO BEACH, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NEWTON, VIKI 4321 NW 9TH AVE # 205 POMPANO BEACH, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 817, 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: 4/17/06	