2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H28296

Entity Name: CRYSTAL COURT RECREATION, INC.

FILED Feb 16, 2005 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
	RTH 12TH COI DOD, FL 3301				
Current Mailing Address:			New Maili	New Mailing Address:	
	RTH 12TH COU DOD, FL 3301				
FEI Number	: 59-2468922	FEI Number Applied For()	FEI Number Not Appl	licable () Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and	Address of New Registered Agent:	
1920 E. HA 8TH FLOC HALLAND	ALE, FL 3300	9 US			
	e named entity e of Florida.	submits this statement for the p	urpose of changing i	ts registered office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Age	nt	Date	
Election Ca	mpaign Financir	g Trust Fund Contribution ().			
OFFICER	S AND DIREC	CTORS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (DOYLE, WILL 1451 NORTH ' HOLLYWOOD	12TH CT., 12A	Title: Name: Address: City-St-Zip:	P (X) Change () Addition MORTON, EDWARD 1400 NORTH 12TH CT HOLLYWOOD, FL 33019	
Title: Name: Address: City-St-Zip:	VP (OMBRELLO, J 1451 NORTH (HOLLYWOOD	12TH CT, 8B	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition MELILLO, GARBIEL 1400 NORTH 12TH COURT HOLLYWOOD, FL 33019	
Title: Name: Address: City-St-Zip:	D (ARTHUR, EDIT 1350 N 12TH (HOLLYWOOD	COURT 5A	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD (OMBRELLA, S 1451N 12TH C HOLLYWOOD	T #8-B	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AST (SPICCIA, TES 1401 NORTH ² HOLLYWOOD	12TH CT., 10A	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	SD (COPPOLA, MA 1500 NORTH	12TH CT, 2B	Title: Name: Address:	() Change () Addition	

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: SARA OMBRELLO TD 02/16/2005