

04-21-2003 91212 039 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # K75501</b> 1. Entity Name <b>CRAZY FLAMINGO, INC.</b>		
Principal Place of Business <b>1047 1/2 N. COLLIER BLVD.                  MARCO ISLAND, FL 34145</b>		Mailing Address <b>1049 NORTH COLLIER BLVD.                  MARCO ISLAND, FL 34145 US</b>
2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.	<div style="font-size: 24px; font-weight: bold;">11005196</div> <p style="font-size: 10px;">CHECK HERE IF MAKING CHANGES</p>
City & State	City & State	
Zip	Country	
4. FEI Number <b>65-0102459</b>		
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable
6. Name and Address of Current Registered Agent  <b>RAINONE, ANTHONY D                  795 WILLOW COURT                  MARCO ISLAND, FL 34745</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature is required when existing.)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>RAINONE, ANTHONY D</b> STREET ADDRESS <b>795 WILLOW CT.</b> CITY-ST-ZIP <b>MARCO ISLAND, FL 34745</b>	TITLE <b>DPST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>STOCKLEIN, PAUL J</b> STREET ADDRESS <b>4542 HARVEY AVENUE</b> CITY-ST-ZIP <b>WESTERN SPRINGS, IL 60558</b>	TITLE <b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 the name empowered.		
SIGNATURE <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/14/03</b> <small>Daytime Phone #</small>

Anthony D. Rainone, President

DFR2E034 (10/02)

Attachment #

110651916  
K75501

April 17, 2003

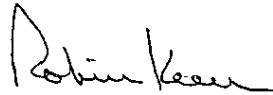
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee; FL-32302-1500

Re: Crazy Flamingo, Inc.  
Document #K75501

Ladies and Gentlemen:

Enclosed please find the 2003 Uniform Business Report for filing with the Florida Department of State on behalf of the above referenced entity, along with a check made payable to the Department of State in the amount of \$150.00.

Very truly yours,



Robin Keen  
Legal Assistant

Enclosures

cc:

A. Rainone