2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 29, 2005 8:00 am Secretary of State 04-29-2005 90269 008 ***150.00

DOCUMENT # M01550 1. Entity Name CRAB HOUSE, INC.								04-29-2005 9	90269 00	08 ***150	0.00
Principal Place of Business Mailing Address											
1510 WEST LOOP SOUTH HOUSTON, TX 77027 US			1	510 WEST LOOP SOUT OUSTON, TX 77027	:						
2. Principal Place of Business			3.	Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.		04272005	Chg-P	CR2E0	34 (10/03)		
City & State				City & State		4. FEI Number 59-2415	174		<u> </u>	plied For t Applicable	
Zip	Country			Zip	Coun	try	5. Certificate of	Status Desired		\$8.75 Add Fee Required	
	6. Name a	nd Address of Curr	ent Regis	tered Agent		Na	7. Name and A	ddress of New R	egistered A	Agent	
C T CORPORATION SYSTEM						Name Street Address (P.O. Box Number is Not Acceptable)					
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324						OROGE AGGIOSS (T.O. DOX (Validos)				
						City	<u> </u>		FL	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 an										and accept	
the obligations of registered agent. SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees											
10.		OFFICERS A	ND DIRE	CTORS		ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS						ľ				☐ Change	☐ Addition
CITY-ST-ZIP	SVP	☐ Delete	Titu					☐ Change	☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP	SCHEINTHAL, STEVEN L 1510 WEST LOOP SOUTH str									C.La.lgs	
TITLE NAME STREET ADDRESS GITY-ST-ZIP				☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	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 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.											

4/28/05

713-850-1010