

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 16, 2008  
Secretary of State**

DOCUMENT# N07000007143

Entity Name: EXPERIENCE CREW, INC.

**Current Principal Place of Business:**

5356 SYCAMORE DRIVE  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

5356 SYCAMORE DRIVE  
NAPLES, FL 34119

**New Mailing Address:**

6017 PINE RIDGE RD  
#201  
NAPLES, FL 34119

FEI Number: 26-0785505    FEI Number Applied For ( )    FEI Number Not Applicable ( )    Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SALVATORI & WOOD, P.L.  
4001 TAMIAMI TRAIL NORTH  
SUITE 330  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D            ( ) Delete  
Name: SHEPHERD, CHRIS  
Address: 5356 SYCAMORE DRIVE  
City-St-Zip: NAPLES, FL 34119

Title: D            ( ) Delete  
Name: GARRICK, JONATHAN W  
Address: 14812 INDIGO LAKES CIRCLE  
City-St-Zip: NAPLES, FL 34119

Title: D            ( ) Delete  
Name: BROWN, GEORGE  
Address: 4431 PLUMAGE COURT  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D            ( ) Delete  
Name: KORNBLUE, BRANDON  
Address: 28129 HERRING WAY  
City-St-Zip: BONITA SPRINGS, FL 34135

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS S SHEPHERD

D

05/16/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date