

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
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:

3538 SACRAMENTO WAY
NAPLES, FL 34105

Current Mailing Address:

6017 PINE RIDGE RD
#201
NAPLES, FL 34119

New Mailing Address:

FEI Number: 26-0785505 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CHAI (X) Change () Addition
Name: SHEPHERD, CHRIS S CHAIRMA
Address: 5356 SYCAMORE DRIVE
City-St-Zip: NAPLES, FL 34119

Title: PRES (X) Change () Addition
Name: KORNBLUE, BRANDON PRESIDE
Address: 28129 HERRING WAY
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VICE (X) Change () Addition
Name: WOOLF, CHAD VICE PR
Address: 7468 SAN CARLOS BLVD
City-St-Zip: FORT MYERS, FL 33967

Title: TREA (X) Change () Addition
Name: DAVISSON, LAURA TREASUR
Address: PO BOX 564
City-St-Zip: NAPLES, FL 34106

Title: SECR () Change (X) Addition
Name: GRAEVE, JOSHUA SECRETA
Address: 15966 MARCELLO CIRCLE
City-St-Zip: NAPLES, FL 34110

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 SHEPHERD

Electronic Signature of Signing Officer or Director

CHAI

04/21/2009

_____ Date