2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 24, 2007 8:00 am Secretary of State **DOCUMENT # P02000057466** 1. Entity Name 04-24-2007 90012 040 ***150.00 CREGO INCORPORATED Principal Place of Business Mailing Address **RE/MAX HERITAGE** P.O. BOX 354247 1240 PALM CAOST PKWY SW PALM COAST, FL 32135 PALM COAST, FL 32137 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03172007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 30-0086811 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CREGO, SUSAN Street Address (P.O. Box Number is Not Acceptable) 84 PARKVIEW DR PALM COAST, FL 32164 City 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 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, 2007 Fee will be \$550.00 Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPST TITLE Delete TITLE ☐ Change Addition CREGO, SUSAN NAME NAME STREET ADDRESS P.O. BOX 354247 STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32135 CITY-ST-ZIP D TITLE VP, P Change ☐ Delete TITLE Addition CREGO, JOHN NAME NAME P.O. BOX 354247 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 32135 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 at

SIGNATURE: