


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90018 047 ***150.00

DOCUMENT # P03000042914

1. Entity Name
CRNT - I, INC.



Principal Place of Business ALLSTAIRS INC. 2900 NW COMMERCE PK DR BOYNTON BEACH, FL 33426	Mailing Address 2900 NW COMMERCE PARK DRIVE #1 BOYNTON BEACH, FL 33426
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14018803



04052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1194763	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DANIELS, STEVEN L
 515 N FLAGLER DR 6 FLR
 W PALM BCH, FL 33401**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NUMBER FEE IS \$150.00
... .. \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRITE, JIMMY B 953 BROOKDALE DRIVE BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRITZ, MARSHA 953 BROOKDALE DRIVE BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE: _____ **4/27/05** **5614934455**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ Date Daytime Phone #

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

ATTACHMENT

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SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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SIGNATURE: 7-7-05 8614934415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

14018803

ALLSTAIRS, INC.

2900 NW Commerce Park Drive Units 1-7

Boynton Beach, FL 33426

Phone: (561) 493-4455

Fax: (561) 493-4488

Internet: www.allstairs.com

July 7, 2005

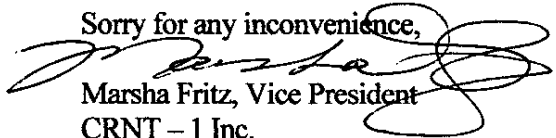
I received a Notice of Intent to Dissolve for:

CRNT - 1, Inc.

Document #P03000042914

I Mailed this in on April 27, 2005. I did not receive it back by mail. I called the Department of State, and they told me to write a letter explaining this. I will download another form and mail it today.

Sorry for any inconvenience,


Marsha Fritz, Vice President

CRNT - 1 Inc.