2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P05000165869

Entity Name

CELEBRITY REFERRAL GROUP, INC.



Principal Place of Business

2715 EAST OAKLAND PARK BLVD.

SUITE 101 FORT LAUDERDALE, FL 33306 Mailing Address

2715 EAST OAKLAND PARK BLVD. SUITE 101

FORT LAUDERDALE, FL 33306

FILED May 07, 2007 8:00 am Secretary of State

05-07-2007 90067 041 ***150.00

\$010.c.



05022007

No Chg-P

CR2E034 (11/05)

4. FEI N	
04-	3836531

Applied For Not Applicable

6. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name	and Add	iress of Cu	rrent Regist	tered Agent

COLE, DENNIS L 2701 N. OCEAN BLVD. #11C

DO	NOT	WRITE
IN 7	ГНІЅ	SPACE

FORT LAUDERDALE, FL 33308		IN THIS SPACE				
	named entity submits this statement for the ions of registered agent. Signature, typed or profiled name of registered agent and titl			egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
	LE NOW!!! FEE IS \$150.00 ue by September 14, 2007	Election Campaign Financ Trust Fund Contribution.	ing	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLE, DENNIS L 2701 N OCEAN BLVD. #11C FORT LAUDERDALE, FL 33308	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE			
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TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filling 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 attachment with an address, with all other like empowered.

SIGNATURE:

Delle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/0

1845539494

Daytime Phone #