


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # 342648	
1. Entity Name CROWN DEVELOPMENT OF FLORIDA CORP.	

Principal Place of Business 2045 NW 201 TER NORTH MIAMI BEACH, FL 33179 US	Mailing Address 2045 NW 201 TER NORTH MIAMI BEACH, FL 33179 US
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DO NOT WRITE IN THIS SPACE



04242007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1266781	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HEISLER, SALOMON 1725 N.E. 170TH ST N. MIAMI BEACH, FL 33162

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000749887
05/18/07-80040-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEISLER, SALOMON 1725 N.E. 170TH STREET N. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEISLER, STEVEN 900 NE 195 STREETAPT. 515 NORTH MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEISLER FLINT, ILEANA 2045 NE 201 TERR N. MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HEISLER, HARRY 10332 SW 164 CT MIAMI, FL 33196
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 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:  DAVID FLINT	Date 4/27/07	Daytime Phone # 305.542.4546
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		