FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 31, 2002 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP TITLE THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DOCUMENT # 405735 24 CRANDON CORP.					03-31-2002 9033		
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City & Since Level		#, etc.	Suite, Apt. #, etc. # PA C	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
### PERFECTIONS Secretaria			City & State	Ve FL				
The above named entity submits this statement for the purpose of changing its registered diffice or registered agent. In the State of Florida. Signature	Zip	Country	20 FUG	Country		<u> </u>	\$8.75 Additional	
DO NOT WRITE IN THIS SPACE Stress Ant-thress FO Daw Number; Not Acceptable) 2-00 CEAN LANCE City KEN BISCAME FL 7/10 Control 3-7/149 8. This active maked entity submiss this statement for the purpose of changing its registered office or registered organic organic registered organic registered organic organic registered organic registered organic registered organic registered organic organic registered o					7. Na	me and Address of Current Regist		
IN THIS SPACE City KEN BISCAME FL Zip Code 33/49 8. The above named entity submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Signature lipidor is primit rane of registered registered registered agent, or both, in the State of Florida. Signature lipidor is primit rane of registered registered registered agent, or both, in the State of Florida. Signature lipidor is primit rane of registered registered registered agent, or both, in the State of Florida. Signature lipidor is primit rane of registered registered registered agent, or both, in the State of Florida. Signature lipidor is primit rane of registered registered registered agent, or both, in the State of Florida. Signature lipidor is primit rane of registered registered registered agent, or both, in the State of Florida. Signature lipidor is primit rane of registered registered registered agent, or both, in the State of Florida. Signature lipidor is primit rane of registered registered registered agent, or both, in the State of Florida. Signature registered agent, or both, in the State of Florida. Signature registered agent, or both, in the State of Florida. Signature registered agent, or both, in the State of Florida. Signature registered agent, or both, in the State of Florida. Signature registered agent, or both, in the State of Florida. Signature registered agent, or both, in the State of Florida. Signature registered agent, or both, in the State of Florida. Signature registered agent, or both, in the State of Florida. Signature registered agent, or both, in the State of Florida. Signature registered agent, or both, in the State of Florida. Signature registered agent, or both, in the State of Florida. Signature registered agent, or both, in the State of Florida. Signature registered agent, or both, in the State of Florida. Signature registered agent, or both, in the State of Florida. Signature registered agent, or both, in the State of Florida. Signat	DO NOT WOITE BER							
## 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. ### STREET ADDRESS CITY-51-2P TITLE ### ADDRESS CITY-51-2P ### ADDRESS CITY-51-2P TITLE ### ADDRESS CITY-51-2P ### ADDRESS CITY-51-2P TITLE ### ADDRESS CITY-51-2P ##	2.0				ddress (P.O. B ⊕ Ø. ⊕ €4	iox Number is Not Acceptable)	M6	
8. The above named entity submits this statement for the purpose of changing its registered office or redistated agent, or both, in the State of Florida. SiGNATURE This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.					B.A	FL Zip Code		
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and clects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 11. NAME SIREET ADDRESS CITY-51-IP FOG-LE R, EDWARD N. SIREET ADDRESS SIREET ADDRESS CITY-51-IP TITLE NAME SIREET ADDRESS CITY-51-IP SIREET ADDRESS CITY-51-IP TITLE NAME SIREET ADDRESS CITY-51-IP SIREET ADDRESS SIREET ADDRES	TEN SISCAME - 1-1-3-1-1-4							
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After May 1. Fee is \$55.00 [See citteria on back) After May 1. Fee is \$55.00 Amended UBR is \$61.25 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 11. ENAME SIREET ADDRESS CITY-S1-2P 11. ENAME 11. ENAME	SIGNATURE.	Signature, typed or printed name of registered agent ar	rd title if applicable. (NOTE: F	Registered Agent signatu	ire required when re	instating) . DA	TE	
11. OFFICERS AND DIRECTORS ITHE BERG, DUNALD L. STRETADDRESS CITY-SI-ZP ITHE FOGLER, EDWARD N. NAME STRETADDRESS CITY-SI-ZP ITHE NAME STRETADDRESS	Tax filing requirement and elects to do so. (See criteria on back) After May 1, Amended U			, Fee is \$550.00 UBR is \$61.25	50.00 10. Election Campaign Financing \$5.00 May Be 1.25 Trust Fund Contribution.			
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED THANKS OF SIGNING OFFICER OR DIRECTOR

MARCH 11, 2002

305-361-2904

Dayume Phone #