2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #633771

1. Entity Name

THE CRESCENT BUILDING CORP.



FILED Feb 18, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

15721 N GREENWAY HAYDEN LOOP RD SUITE 105 SCOTTSDALE, AZ 85260 US

PO BOX 14166

SCOTTSDALE, AZ 85267

US



DO NOT WRITE IN THIS SPACE

 02072008
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number 11-2528627
 Applied For Not Applicable

5. Certificate of Status Desired [

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301

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 The above named entity submits this statement for the p the obligations of registered agent. 	nurpose of changing its registered office or registered agent, or bo	m, in the state of Florida. I am samiliar with, and accept
Signature typed or printed name of registered agent and little	f applicable (NOTE Registered Agent signature required when roinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Added to Fees	U00000830234 02/26/08-80076-012 150 oo

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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIEBERMAN, BRUCE R. 15721 N GREENWAY-HAYDEN LOOP RD SCOTTSDALE, AZ	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	S LIEBERMAN, DEBORAH S 15721 N. GREENWAY-HAYDEN LOOP RD. SCOTTSDALE, AZ 85260	
TITLE NAME STREET ADDRESS CITY-SF-ZIP	T LIEBERMAN, DAVID A 15721 N. GREENWAY-HAYDEN LOOP RD. SCOTTSDALE, AZ 85260	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 example 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 pure provided the component.

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LIBERMAN

2-4-00

HOOLOT 9705

Daytime Phone #