2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# 721191

Entity Name: CROWN OAKS, INC.

Current Principal Place of Business:

882 JACKSON AVE.
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

882 JACKSON AVE.
WINTER PARK, FL 32789 US

New Mailing Address:

FEI Number: 59-2480919 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRACKIN, ANDREA
882 JACKSON AVE.
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VTD ( ) Delete
Name: ROSE, BRUCE
Address: 213 CROWN OAKS WAY
City-St-Zip: LONGWOOD, FL 32779

Title: PD ( ) Delete
Name: HILL, ELIZABETH
Address: 114 CROWN OAKS WAY
City-St-Zip: LONGWOOD, FL 32779

Title: SD (X) Delete
Name: DUER, GENEVA
Address: 109 CROWN OAKS WAY
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete
Name: BELL, NONDRA
Address: 204 CROWN OAKS WAY
City-St-Zip: ORLANDO, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: BELL, NONDRA
Address: 204 CROWN OAKS WAY
City-St-Zip: ORLANDO, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH HILL PD 04/25/2006

Electronic Signature of Signing Officer or Director — Date