2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#811386

Entity Name: CROWLEY LINER SERVICES, INC.

FILED Apr 20, 2007 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
	ENCY SQUARE /ILLE, FL 3222						
Current Mailing Address:				New Mailing Address:			
155 GRAND AVENUE, 7TH FLOOR OAKLAND, CA 94612				9487 REGENCY SQUARE BLVD. JACKSONVILLE, FL 32225			
FEI Number: 59-0835484 FEI Number Applied For () FEI Number			mber Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US							
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.							
SIGNATUR	E:						
	Electronic	Signature of Registered Agen	t			Date	_
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VP T () E WARNER, DANIE 9487 REGENCY JACKSONVILLE,	SQUARE BLVD.		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AS ()[MEAD, ARTHUR 9487 REGENCY JACKSONVILLE,	SQUARE BLVD		Title: Name: Address: City-St-Zip:	HOURIHAN, J	CY SQUARE BLVD	
Title: Name: Address: City-St-Zip:	DSVP ()[GRUNE, ROB 9487 REGENCY JACKSONVILLE,			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DCOB () [CROWLEY, THO 155 GRAND AVE OAKLAND, CA 9	NUE		Title: Name: Address: City-St-Zip:	CROWLEY, T	CY SQUARE BLVD.	
Title: Name: Address: City-St-Zip:	CHUN, WILBERT	NUE, 7TH FLOOR		Title: Name: Address: City-St-Zip:	DOUGLASS, J	CY SQUARE BLVD.	
Title: Name: Address: City-St-Zip:	S ()E BRUCE, LOVE 155 GRAND AVE OAKLAND, CA 9			Title: Name: Address: City-St-Zip:	BRUCE, LOVE	CY SQUARE BLVD.	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRUCE LOVE SEC 04/20/2007