

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90006 031 ***158.75

DOCUMENT # 818558
 1. Entity Name
CRI RESOURCES, INC.



Principal Place of Business Mailing Address
 900 WILSHIRE BLVD., STE. 1520 900 WILSHIRE BLVD., STE. 1520
 LOS ANGELES, CA 90017-4716 LOS ANGELES, CA 90017-4716

50003608



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

01102005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
31-0244320 Not Applicable
 5. Certificate of Status Desired \$0.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
 CT CORPORATION SYSTEM Name
 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable)
 PLANTATION, FL 33324 City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing \$5.00 May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D FENNING, WILLIAM M. 900 WILSHIRE BLVD., STE. 1520 LOS ANGELES, CA 900174716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D KISSEL, JEFFREY M 900 WILSHIRE BLVD., STE. 1520 LOS ANGELES, CA 900174716 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FENNING, WILLIAM M 900 WILSHIRE BLVD STE 1520 LOS ANGELES CA 90017-4716 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D MORGAN, DAVID T 900 WILSHIRE BLVD., STE. 1520 LOS ANGELES, CA 900174716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AHEARN, NANCY 900 WILSHIRE BLVD., STE. 1520 LOS ANGELES, CA 900174716 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES/D PRIORAWILLIAM D 900 WILSHIRE BLVD STE 1520 LOS ANGELES CA 90017-4716 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William M Fenning* William M Fenning, C/D 1/10/05 (213) 624-8161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #