


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

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**



02142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 31-0244320	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D FENNING, WILLIAM M. 900 WILSHIRE BLVD., STE. 1520 LOS ANGELES, CA 900174716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D FENNING, WILLIAM M 900 WILSHIRE BLVD., STE. 1520 LOS ANGELES, CA 900174716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D MORGAN, DAVID T 900 WILSHIRE BLVD., STE. 1520 LOS ANGELES, CA 900174716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AHEARN, NANCY 900 WILSHIRE BLVD., STE. 1520 LOS ANGELES, CA 900174716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PRIOR, WILLIAM D 900 WILSHIRE BLVD, STE 1520 LOS ANGELES, CA 900174716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

100000448383
06/09/06-80014-002 158.75

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 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 P/D 2/21/06 213/624-8161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #