

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 831987

FILED
Mar 29, 2007
Secretary of State

Entity Name: CROWN DIVERSIFIED INDUSTRIES CORP.

Current Principal Place of Business:

300 LOCK ROAD
P.O. BOX 1167
DEERFIELD BCH, FL 334423801

New Principal Place of Business:

300 LOCK ROAD
DEERFIELD BCH, FL 33442

Current Mailing Address:

1065 EXECUTIVE PARKWAY
SUITE 300
ST. LOUIS, MO 63141 US

New Mailing Address:

FEI Number: 43-0956288 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, J.H.
300 LOCK ROAD
DEERFIELD BEACH, FL 33441 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: SCOTT, JOE H., SR.,
Address: 300 LOCK ROAD
City-St-Zip: DEERFIELD BCH, FL

Title: S () Delete
Name: SCOTT, LORETTA,
Address: 300 LOCK ROAD
City-St-Zip: DEERFIELD BCH, FL

Title: V () Delete
Name: SCOTT, JOE H.,
Address: 300 LOCK ROAD
City-St-Zip: DEERFIELD BCH, FL

Title: AS () Delete
Name: GLADSON, GEORGETTE M
Address: 290 HERWORTH DRIVE
City-St-Zip: CHESTERFIELD, MO 63005

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

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: GEORGETTE GLADSON

AS

03/29/2007

Electronic Signature of Signing Officer or Director

Date