## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 26, 2006 8:00 am Secretary of State **DOCUMENT #F02000004670** 1. Entity Name CRYSTAL GIFTS AND MORE, INC. 04-26-2006 90227 014 \*\*\*158.75 Mailing Address Principal Place of Business 1035 HAVENS COURT 1035 HAVENS COURT 50016613 **STE 18 STE 18** DOWNERS GROVE, IL 60515-2070 DOWNERS GROVE, IL 60515-2070 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 Chg-P CR2E034 (11/05) 1B STE STE Applied For City & State 4. FEI Number City & State Not Applicable 36-4354482 \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired 53 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name METRICK, ELLIOT Street Address (P.O. Box Number is Not Acceptable) 28771 SOUTH DIESEL DR., UNIT 4 **BONITA SPRINGS, FL 34135** Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE Delete TITLE Change NAME METRICK, ELLIOT NAME 6640 GLEN ARBOR WAY STREET ADDRESS STREET ADDRESS NAPLES, FL 34119 CITY-ST-7IP CITY-ST-7IP CEOS TITLE ☐ Delete TITLE ☐ Change ☐ Addition LIFSON, LAWRENCE E NAME NAME STREET ADDRESS 405 36TH ST. STREET ADDRESS CITY-ST-ZIP DOWNERS GROVE, IL 605151640 CITY-ST-ZIP TITLE ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-7IP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-76P TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP . Change ' Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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12. I hereby certify that the information supplied with this filling 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:

Lawrence & Lifeon