2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000007189

LYNCH, KAREN

BOCA RATON, FL 33432

225 NE MIZNER BOULEVARD, SUITE 200

Name:

Address:

City-St-Zip:

Entity Name: CRT PR MANAGEMENT INC.

FILED Aug 08, 2006 Secretary of State

		W W W W W W W W W W W W W W W W W W W		
Current Principal Place of Business:			New Principal Place of Business:	
	ZNER BOULE TON, FL 3343	EVARD, SUITE 200 32		
Current Mailing Address:			New Mailing Address:	
225 NE MI BOCA RA	ZNER BOULE TON, FL 3343	VARD, SUITE 200 32		
FEI Number	: 20-2028450	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of (Current Registered Agent:	Name and Address of	New Registered Agent:
225 NE MI	WILLIAM J ES ZNER BOULE TON, FL 3343	VARD, SUITE 200		
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ().	ot receive the prior notice.	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	CROCKER, TH	R BOULEVARD, SUITE 200	Title: (Name: Address: City-St-Zip:) Change () Addition
Title: Name: Address: City-St-Zip:	WEDGE, WILL	R BOULEVARD, SUITE 200	Title: (Name: Address: City-St-Zip:) Change () Addition
Title: Name: Address: City-St-Zip:	AMARA, TODE	R BOULEVARD, SUITE 200	Title: (Name: Address: City-St-Zip:) Change () Addition
Title:	AV () Delete	Title:) Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN P RIGRISH MGR 08/08/2006