2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2012
Secretary of State

DOCUMENT# F95000005706

Entity Name: CRYSTALS RECOVERY, INC.

Current Principal Place of Business:

200 GREENE ST.
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

200 GREENE ST.
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 65-0467631 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FISHER, KIM H PRES
200 GREENE ST.
KEY WEST, FL 33040 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

OFFICERS AND DIRECTORS:

Title: P
Name: FISHER, KIM H
Address: 200 GREENE STREET
City-St-Zip: KEY WEST, FL 33040

Title: VPST
Name: ABT, TAFFI
Address: 200 GREENE STREET
City-St-Zip: KEY WEST, FL 33040

Title: VP
Name: FISHER, JUANITA L
Address: 200 GREENE STREET
City-St-Zip: KEY WEST, FL 33040

Title: VP
Name: FISHER, JONATHAN S
Address: 200 GREENE STREET
City-St-Zip: KEY WEST, FL 33040

Title: A ST
Name: FISHER, JONATHAN S
Address: 200 GREENE STREET
City-St-Zip: KEY WEST, FL 33040

I hereby 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 all other like empowered.

SIGNATURE: KIM FISHER PRES 02/02/2012

Electronic Signature of Signing Officer or Director — Date