

FILED
May 14, 2007 8:00 am
Secretary of State

04-17-2007 90240 050 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

4/1

DOCUMENT # K75501 1. Entity Name CRAZY FLAMINGO, INC.	
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Principal Place of Business 1035 N. COLLIER BLVD. 313 MARCO ISLAND, FL 34145	Mailing Address 1035 N. COLLIER BLVD. 313 MARCO ISLAND, FL 34145 US
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DO NOT WRITE IN THIS SPACE



01232007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0102459	Applied For ☐ Not Applicable
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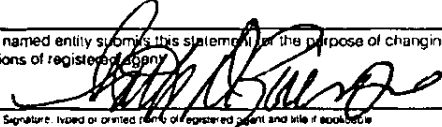
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**RAINONE, ANTHONY D
795 WILLOW COURT
MARCO ISLAND, FL 34145**

**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  **PRESIDENT** **1/24/07**
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

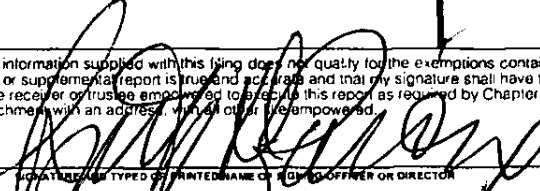
**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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	DPST RAINONE, ANTHONY D MR. 795 WILLOW CT. MARCO ISLAND, FL 34145
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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, which is other than empowered.

SIGNATURE:  **ANTHONY RAINONE PRESIDENT**
SIGNATURE: TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR DATE DAYTIME PHONE

239-642-9600 5/11/07