2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # L96144 06 HAY 18 PH 2: 13 CRYSTAL BAY MANAGEMENT CORP. SECRETARY TALE TALE TALLAHASSEL, FLORIDA Principal Place of Business Mailing Address 500 94TH AVE NORTH 500 94TH AVE NORTH ST PETERSBURG, FL 33702 ST PETERSBURG, FL 33702 No Cha-P CR2E034 (11/05) 04202006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3028145 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent KAMATH, JAY, K DO NOT WRITE 500 94TH AVE NORTH ST PETERSBURG, FL 33702 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be 00075894396 FILE NOW!!! FEE IS \$150.00 Added to Fee 06/06/06-01060-010 **711.25 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS **PSD** TITLE KAMATH, J., K. NAME 500 94TH AVE NORTH STREET ADDRESS ST PETERSBURG, FL 33702 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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, with all other like empowered.

SIGNATURE: Vac

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Vayaprahan 1010amals

4/27/2006

Daytime Phone #