## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jul 25, 2005 08:00 AM **Secretary of State** DOCUMENT # M62142 1. Entity Name — CRC HOLDINGS, INC. Principal Place of Business\_ Mailing Address 825 BERKSHIRE BLVD 825 BERKSHIRE BLVD **SUITE 200** SUITE 200 WYOMISSING, PA 19610 US WYOMISSING, PA 19610 No Cha-P CR2E034 (10/03) 07132005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0011722 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent BROCHIN, ROBERT M DO NOT WRITE 200 S. BISCAYNE BLVD., #5300 MIAMI, FL 33131 IN THIS SPACE 5. 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. U00000374438 SIGNATURE Signature, typed or printed name of registered agent and title if applicable <del>07/25/05-00010-001-390.</del>00 (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8e In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 OFFICERS AND DIRECTORS 10. PCFO \_\_ TITLE NAME CARLINO, PETER STREET ADDRESS 825 BERKSHIRE BLVD CITY-ST-ZIP WYOMISSING, PA 19610 STD TITLE IPPOLITO, ROBERT NAME STREET ADDRESS 825 BERKSHIRE BLVD WYOMISSING, PA 19610 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE GITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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:

STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPES OR PRINCES NAME OF SIGNING OFFICER OR DIRECTO

140 /15/05

610-378-8394

Daytime Phone A

**FILED**