2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004057

FILED Apr 30, 2006 Secretary of State

Entity Name: CRYSTAL RIVER ALL SKATE INITIATIVE INC.

Littly Nai	ille. CRISTA	ERIVER ALL SIVATE INITIATIV	VE, IIVC.		
Current Principal Place of Business:			New Principal Place of Business:		
	LBURY PLACE PRINGS, FL 3				
Current Mailing Address:			New Mailing Address:		
	LBURY PLACE PRINGS, FL 3				
FEI Number:	: 20-2806529	FEI Number Applied For()	FEI Number Not Appl	Dlicable () Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and	d Address of New Registered Agent:	
HOMOSAS The above	ÁPIN CIRCLE SSA, FL 34446		ourpose of changing i	its registered office or registered agent, or bot	
SIGNATUF					
	Electror	nic Signature of Registered Age	ent	Date	
OFFICERS	S AND DIREC	TORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	DP () HAGEN, SANDI 1933 W. ALBUI CITRUS SPRIN	RY PLACE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DVP () COSTA, AMBEI 6227 KELVIN C SPRING HILL,	COURT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT () SEEKO, ELIZA 2485 S. PINE F HOMOSASSA,	RIDGE AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS () WATSON, JOH 417 NE 2ND ST CRYSTAL RIVE	REET	Title: Name: Address: City-St-Zip:	D (X) Change () Addition WATSON, JOHNNY R NE 4TH ST. APT. 43 CRYSTAL RIVER, FL 34429	
Title: Name: Address: City-St-Zip:	()) Delete	Title: Name: Address: City-St-Zip:	DS () Change (X) Addition BECHTEL, DAWN 3881 S. DELARD WAY HOMOSASSA, FL 34448	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA L. HAGEN PRES 04/30/2006