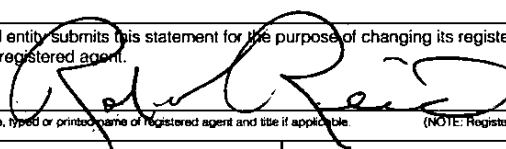
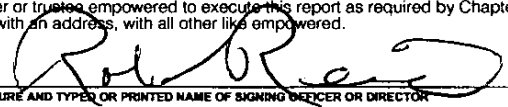


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90026 016 ***150.00

DOCUMENT # P00000022661 1. Entity Name CRYSTAL SHORES DEVELOPMENT, INC.			
Principal Place of Business 30 MORENO POINT RD., UNIT 203 A DESTIN, FL 32541		Mailing Address 30 MORENO POINT RD., UNIT 203 A DESTIN, FL 32541	
2. Principal Place of Business 770 HWY 98 Suite, Apt. #, etc. UNIT 3-F City & State DESTIN, FL Zip 32541		3. Mailing Address 770 HWY 98 Suite, Apt. #, etc. UNIT 3-F City & State DESTIN, FL Zip 32541	
Country OKALOOSA		Country OKALOOSA	
4. FEI Number 59-2473192		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REID, ROBERT G 30 MORENO POINT RD., UNIT 203 A DESTIN, FL 32541		7. Name and Address of New Registered Agent Name ROBERT G. REID Street Address (P.O. Box Number is Not Acceptable) 770 HWY 98 UNIT 3-F City DESTIN FL Zip Code 32541	
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:  PRES 7-8-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST REID, ROBERT G 30 MORENO POINT ROAD, UNIT 203 A DESTIN, FL 32541	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ADDRESS PST REID, ROBERT G 770 HWY 98, UNIT 3-F DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  PRES 7-8-06 850-654-4935 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			