2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 13, 2006 08:00 AM **Secretary of State** DOCUMENT # P01000008315 1. Entity Name CRUM RESOURCES II, INC. Principal Place of Business Mailing Address 100 S. MISSOURI AVENUE 100 S. MISSOURI AVENUE CLEARWATER, FL 33756 CLEARWATER, FL 33756 01062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3693294 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LYNN, ELISE B DO NOT WRITE 100 S. MISSOURI AVENUE CLEARWATER, FL 33756 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 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME CRUM, FRANK WJR. STREET ADDRESS 100 S MISSOURI AVENUE CITY-ST-ZIP CLEARWATER, FL 33756 U00000385948 01/18/06-80039-003 158.75 TITLE CRUM, FRANK W SR. NAME 100 S MISSOURI AVENUE STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33756 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby certify that the information supplied with this filling 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 eath; 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

SIGNATURE:

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

> SIGNATURE AND TYPES OF SIGNING OFFICER OR DIRECTOR

FILED