

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000017251

Entity Name: MT CROWN PROPERTIES, INC.

FILED
Feb 26, 2007
Secretary of State

Current Principal Place of Business:

1726 MEDICAL BOULEVARD
NAPLES, FL 34110

New Principal Place of Business:

1726 MEDICAL BOULEVARD
101
NAPLES, FL 34110

Current Mailing Address:

1726 MEDICAL BOULEVARD
NAPLES, FL 34110

New Mailing Address:

1726 MEDICAL BOULEVARD
101
NAPLES, FL 34110

FEI Number: 59-3704417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, KEVIN G ESQ.
4001 TAMIAMI TRAIL NORTH
SUITE 300
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: DENT, MICHAEL DR.
Address: 1726 MEDICAL BOULEVARD
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: DENT, MICHAEL DR.
Address: 1726 MEDICAL BOULEVARD
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DENT, MICHAEL T
Address: 1726 MEDICAL BOULEVARD #101
City-St-Zip: NAPLES, FL 34110

Title: D (X) Change () Addition
Name: DENT, MICHAEL T
Address: 1726 MEDICAL BOULEVARD #101
City-St-Zip: NAPLES, FL 34110

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

SIGNATURE: MICHAEL T DENT

D

02/26/2007

Electronic Signature of Signing Officer or Director

Date