
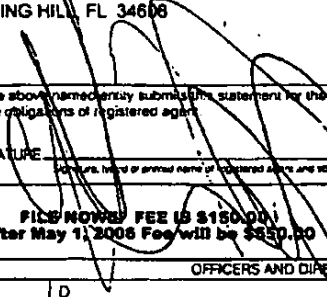
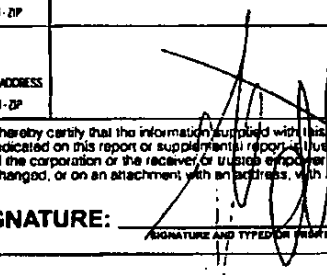


**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90092 005 \*\*\*158.75

**2006 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # P01000044134</b>			
1. Entity Name <b>CRUMPS ACQUISITION, INC.</b>			
Principal Place of Business <b>5330 SPRING HILL DRIVE STE G SPRING HILL, FL 34606</b>		Mailing Address <b>11036 SPRING HILL DR. SPRING HILL, FL 34608</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02282606		Chg-P CR2E034 (11/05)	
4. FEI Number <b>65-1100409</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CHIPPOLLA, SCHTIPPY 6172 COMMERCIAL WAY SPRING HILL, FL 34608</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> Zip Code	
8. The above named entity submits the 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: 		DATE: <b>3/1/06</b>	
FILE NUMBER FEE IS \$150.00! After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRIS, JERRY</b>	NAME	
STREET ADDRESS	<b>5330 SPRING HILL DR.</b>	STREET ADDRESS	
CITY-STATE-ZIP	<b>SPRING HILL, FL 34608</b>	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NONE</b>	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Chippolla, Schtippy</b>	NAME	
STREET ADDRESS	<b>6172 Commercial Way</b>	STREET ADDRESS	
CITY-STATE-ZIP	<b>Spring Hill, FL 34606</b>	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this report 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 appointed to operate 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 data provided.			
SIGNATURE: 		DATE: <b>3/1/06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

**DIRECTOR**