2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# P01000053750

Entity Name: NORTH PORT CRANE, INC.

Current Principal Place of Business:

3393 ULMAN AVE.
NORTH PORT, FL 34286

New Principal Place of Business:

Current Mailing Address:

PO BOX 7015
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 59-3722570 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALL FLORIDA FIRM INC
465 S VOLUSIA AVE
SUITE C
ORANGE CITY, FL 32763 US

Name and Address of New Registered Agent:

CLAYDON, JAMES D III
3393 ULMAN AVE
NORTH PORT, FL 34286 US

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: JAMES D CLAYDON III 04/25/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CLAYDON, JAMES D III
Address: 3393 ULMAN AVE.
City-St-Zip: NORTH PORT, FL 34286

Title: VP ( ) Delete
Name: CLAYDON, CHERIE L
Address: 3393 ULMAN AVE.
City-St-Zip: NORTH PORT, FL 34286

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JAMES D CLAYDON III PD 04/25/2007
Electronic Signature of Signing Officer or Director Date