2006 FOR PROFIT CORPORATION

Jan 12, 2006 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # P01000064058** 01-12-2006 90170 007 ***150.00 1. Entity Name CRUSADER CAPITAL CORPORATION Principal Place of Business Mailing Address **1544 LANDON AVENUE** 4446 HENDRICKS AVENUE #104 JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 2. Principal Place of Business 3. Mailing Address 804 Albambra Dr. S. Suite, Apt. #, etc. Suite, Apt. #, etc. 01032006 CR2E034 (11/05) Cha-P City & State Jacksonville Applied For City & State 4. FEI Number 65-1117035 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 1154 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VAUGHAN, CONSTANCE C Street Address (P.O. Box Number is Not Acceptable) 1544 LANDON AVENUE JACKSONVILLE, FL: 32207 Hilhanubra Dr. S. 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. πц PRES Change ☐ Addition Delete ME 804 Alhambra Dr. S. NAME VAUGHAN, DAVID S. W NAME 1544 LANDON AVENUE STREET ADDRESS STREET ADDRESS Jacksonville, Fr 32207 CITY-ST-ZIP JACKSONVILLE, FL 32207 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TIRE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Detete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIME ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS יטכווי CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAJAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

SIGNATURE