



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000026332</b> 1. Entity Name CRAGO SOFTWARE DESIGN & CONSULTING, INC.	
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Principal Place of Business 5300 ROWE TRAIL PACE, FL 32571	Mailing Address 5300 ROWE TRAIL PACE, FL 32571
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**DO NOT WRITE IN THIS SPACE**



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0623289	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  CRAGO, RALPH E 5300 ROWE TRAIL PACE, FL 32571	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	000000590316 01/18/07-80051-020 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CRAGO, RALPH E 5300 ROWE TRL MILTON, FL 325719547
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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.

SIGNATURE: Ralph Crago RALPH CRAGO 1/15/2007 850 501 4023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #