2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State 06-05-2007 90012 004 ***150.00 DOCUMENT # P03000059513 CRESCENDO MANAGEMENT, INC. 4011202. Principal Place of Business Mailing Address 26935 BELLA VISTA BLVD 26935 BELLA VISTA BLVD HOWEY-IN-THE-HILLS, FL 34737 HOWEY-IN-THE-HILLS, FL 34737 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 26945 BELLAVISTA BLYD 26945 BELLA VISTA BLVD Suite, Apt. #, etc 05292007 CR2E034 (12/06) Cha-P City & State Applied For City & State 4. FEI Number OWEY IN THE HOWEY IN THE 27-0062763 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 34734 34737 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOLES, GARY ESQ. Street Address (P.O. Box Number is Not Acceptable) 450 S. ORANGE AVE. SUITE 800 ORLANDO, FL 32801 City Zip Code 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 Signature, typed or printed name of registered agent and latte if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 14, 2007 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PΩ TITLE Delete TITLE ☐ Change ☐ Addition HAN, KEE SOO NAME NAME 26945 BELLA VISTA BLYD. STREET ADDRESS 26935 BELLA VISTA BVLD STREET ADDRESS CITY-ST-ZIP HOWEY IN THE HILLS, FL 34737 HOWEY IN THE HILLS, FL 34737 CITY-S1-ZIP VP D TITLE ☐ Delete TITLE ☐ Change ☐ Addition HAN, HEIDI NAME NAME 26945 BELLA VISTA BLVD. STREET ADDRESS 26935 BELLA VISTA BLVD STREET ADDRESS HOWEY IN THE HILLS, FL 34737 CITY-ST-ZIP CITY-ST-7IP HOWEY IN THE HILLS ☐ Delete TITLE TITLE ☐ Addition 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 Delete TITLE ☐ Change ☐ Addition 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-SI-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 Jun 05, 2007 8:00 am

352-324-25/