


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90054 018 ***150.00

DOCUMENT # P03000087941		
1. Entity Name CROWN CONNECTION MEDIA, INC.		

Principal Place of Business 27336 HWY 33 S. OKAHUMPKA FL 34762 US	Mailing Address P.O. BOX 224 OKAHUMPKA FL 34762 US
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2. Principal Place of Business 102 Forest Breeze Ave	3. Mailing Address 102 Forest Breeze Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Brandon Florida	City & State Brandon FL
Zip 33511	Zip 33511
Country USA	Country USA

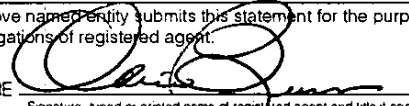
10010100

1st MOORE CR2E034 (10/04)

4. FEI Number 45-0524599	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GENTRY, CAROL M 27336 HWY 33S OKAHUMPKA FL 34762	7. Name and Address of New Registered Agent Name Clairece Burns Street Address (P.O. Box Number is Not Acceptable) 102 Forest Breeze Ave City Brandon FL Zip Code 33511
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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.

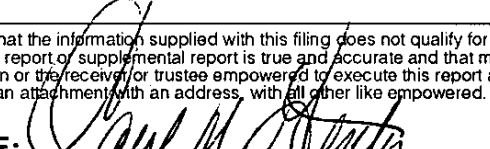
SIGNATURE  DATE **2/7/05**

(NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. GENTRY, CAROL M 27336 HWY 33 S. OKAHUMPKA FL 34762 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Clairece Burns 102 Forest Breeze Ave Brandon, FL 33511 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GENTRY, HULAND L 27336 HWY 33 S OKAHUMPKA FL 34762 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP William Burns 102 Forest Breeze Ave Brandon, FL 33511 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GENTRY, GARETH L 130 ORANGE AV. APT. 1 LEESBURG FL 34748 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Carol Gentry 102 Forest Breeze Ave Brandon, FL 33511 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report of 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:  DATE **2/7/05** 352-728-2420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR