2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P03000127985 02-20-2006 90024 045 ***150.00 1. Entity Name CROWN FINANCIAL RESOURCES, INC. Principal Place of Business Mailing Address 60018456 9655 S DIXIE HWY 9655 S DIXIE HWY SUITE 119 **SUITE 119** MIAMI, FL 33156 MIAMI, FL 33156 No Chg-P CR2E034 (11/05) 02162006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2322542 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BERRY, CAROL 9655 S DIXIE HWY **SUITE 119** IN THIS SPACE MIAMI, FL 33156 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. (NOTE: Registered Agent signature required when reinstating) After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 🚟 • TITLE NAME ... BERRY, CAROL R STREET ADDRESS 9655 S DIXIE HWY SUITE 119 CITY-ST-ZIP MIAMI, FL 33156 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO-NOT-WRITE CITY-ST-ZIP IN THIS SPACE 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.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED Feb 20, 2006 8:00 am