2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2008
Secretary of State

DOCUMENT# P03000133999

Entity Name: STEVEN CRABB, INC.

Current Principal Place of Business:

15002 ARBOR RESERVE CIRCLE
APT 204
TAMPA, FL 33624 US

New Principal Place of Business:

3014 N. WOODROW AVE.
TAMPA, FL 33603 US

Current Mailing Address:

P. O. BOX 20581
TAMPA, FL 33622 US

New Mailing Address:

FEI Number: 20-0402617 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRABB, STEVEN D
15002 ARBOR RESERVE CIRCLE
APT 204
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

CRABB, STEVEN D
3014 N. WOODROW AVE.
TAMPA, FL 33603 US

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.

SIGNATURE: _____ 04/27/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CRABB, STEVEN D
Address: 15002 ARBOR RESERVE CIRCLE APT. 204
City-St-Zip: TAMPA, FL 33624 US

Title: T ( ) Delete
Name: CRABB, STEVEN D
Address: 15002 ARBOR RESERVE CIRCLE APT. 204
City-St-Zip: TAMPA, FL 33624 US

Title: S ( ) Delete
Name: CRABB, STEVEN D
Address: 15002 ARBOR RESERVE CIRCLE APT. 204
City-St-Zip: TAMPA, FL 33624 US

Title: D ( ) Delete
Name: CRABB, STEVEN D
Address: 15002 ARBOR RESERVE CIRCLE APT. 204
City-St-Zip: TAMPA, FL 33624 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CRABB, STEVEN D
Address: 3014 N. WOODROW AVE.
City-St-Zip: TAMPA, FL 33603 US

Title: T (X) Change ( ) Addition
Name: CRABB, STEVEN D
Address: 3014 N. WOODROW AVE.
City-St-Zip: TAMPA, FL 33603 US

Title: S (X) Change ( ) Addition
Name: CRABB, STEVEN D
Address: 3014 N. WOODROW AVE.
City-St-Zip: TAMPA, FL 33603 US

Title: D (X) Change ( ) Addition
Name: CRABB, STEVEN D
Address: 3014 N. WOODROW AVE.
City-St-Zip: TAMPA, FL 33603 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN CRABB P 04/27/2008
Electronic Signature of Signing Officer or Director — Date