2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000150252

Entity Name: CERTIFIED CRANEWORKS, INC.

FILED Feb 22, 2007 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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310 MELODY LANE

CASSELBERRY, FL 32707 US

Current Mailing Address: New Mailing Address:

P. O. BOX 180127

CASSELBERRY, FL 327180127 US

FEI Number: 20-0477345 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WORSWICK, RONALD J WORSWICK, DOUGLAS J 1212 N. PARK AVENUE 310 MELODY LANE

WINTER PARK, FL 32790 US CASSELBERRY, FL 32707 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: DOUGLAS J WORSWICK 02/22/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CEOD Title: () Delete Title: (X) Change () Addition WORSWICK, RONALD J WORSWICK, DOUGLAS J Name: Name: 1212 N. PARK AVENUE 1625 GOLFSIDE DRIVE Address: Address: City-St-Zip: WINTER PARK, FL 32790 US City-St-Zip: WINTER PARK, FL 32792 US

Title: V/D () Delete Title: P/D (X) Change () Addition
Name: WORSWICK DOUGLAS J Name: WORSWICK DENNIS F

Name:WORSWICK, DOUGLAS JName:WORSWICK, DENNIS EAddress:1625 GOLFSIDE DRIVEAddress:1881 BLUE RIDGE ROADCity-St-Zip:WINTER PARK, FL 32792 USCity-St-Zip:WINTER PARK, FL 32789 US

Title: (X) Change () Addition Title: V/D () Delete V/D WORSWICK, DENNIS E PARKERSON, NICOLE R Name: Name: 1881 BLUE RIDGE ROAD 1129 PENNSYLVANIA AVENUE Address: Address: City-St-Zip: WINTER PARK, FL 32789 US City-St-Zip: WINTER PARK, FL 32789 US

Title: V/D () Delete Title: V/D (X) Change () Addition Name: WILLIAMS, NICOLE R Name: WORSWICK, ERIC J

 Name:
 WILLIAMS, NICOLE R
 Name:
 WORSWICK, ERIC J

 Address:
 1129 N PENNSYLVANIA AVENUE
 Address:
 12015 HIDDEN LINKS DRIVE

 City-St-Zip:
 WINTER PARK, FL 32789 US
 City-St-Zip:
 FORT MYERS, FL 33913 US

Title: S/T (X) Delete Title: () Change () Addition

 Inte SFT
 (X) Detect
 Inte

 Name:
 GAHNZ, CONNIE B
 Name:

 Address:
 1025 PINE SHADOW DRIVE
 Address:

 City-St-Zip:
 APOPKA, FL 32712 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CONNIE B GAHNZ V/ST 02/22/2007

Electronic Signature of Signing Officer or Director

Date