


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90093 016 ***150.00

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| DOCUMENT # P04000020916 |  |
| 1. Entity Name SCREEN CREW, INC. | |

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| Principal Place of Business 1900 EXECUTIVE RD BLDG 5- #6 WINTER HAVEN FL 33884 | Mailing Address 1900 EXECUTIVE RD BLDG 5- #6 WINTER HAVEN FL 33884 |
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| 2. Principal Place of Business - No P.O. Box # 602 BURNS LANE Suite, Apt. #, etc. | 3. Mailing Address 602 BURNS LANE Suite, Apt. #, etc. |
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1st MOORE CR2E034 (10/06)

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| City & State Winter Haven | City & State Winter HAVEN |
| Zip 33884 | Country Polk |

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| 4. FEI Number 20-0713912 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent BEASLEY, CHARLES E 1900 EXECUTIVE RD BLDG 5, # 6 WINTER HAVEN FL 33884 |
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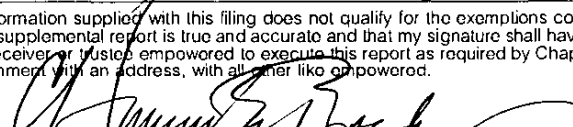
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| 7. Name and Address of New Registered Agent Name CHARLES E Beasley Street Address (P.O. Box Number is Not Acceptable) 602 BURNS LANE City Winter HAVEN, FL Zip Code 33884 |
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| 8. The above named 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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> | DATE 2/1/07 |
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| FILE NOW!!!, FEE IS \$150.00 After May 1, 2007 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 | |
|---|--|
| TITLE P | <input type="checkbox"/> Delete |
| NAME BEASLEY, CHARLES E | |
| STREET ADDRESS 161 AUDUBON CT. | |
| CITY - ST - ZIP WINTER HAVEN FL 33884 | |
| TITLE TREA | <input type="checkbox"/> Delete |
| NAME HEATH, HAROLD D | |
| STREET ADDRESS 129 PALM DR. | |
| CITY - ST - ZIP WINTER HAVEN FL 33881 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. |
| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> |
| DATE 2/1/07 (863) 412-4710 <small>Date Daytime Phone *</small> |