

2007 FOR PROFIT CORPORATION ANNUAL REPORT


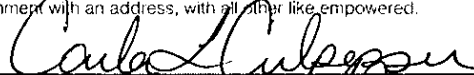
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Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90028 014 ***150.00

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01052007 Chg-P CR2E034 (12/06)

DOCUMENT # P04000163510					
1. Entity Name CRLA ENTERPRISES, INC.					
Principal Place of Business 5774 FOREST HILLS LN MILTON, FL 32570			Mailing Address 5774 FOREST HILLS LN MILTON, FL 32570		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1982994	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SILCOX, CARLA L 5774 FOREST HILLS LN MILTON, FL 32570			Name CARLA CULPEPPER		
			Street Address (P.O. Box Number is Not Acceptable) 5774 FOREST HILLS LANE		
			City MILTON FL Zip Code 32570		
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 <input checked="" type="checkbox"/> Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DDVS SILCOX, CARLA L 5774 FOREST HILLS LN MILTON, FL 32570	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES CARLA CULPEPPER 5774 FOREST HILLS LANE MILTON, FL 32570	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SILCOX, CARLA L 5774 FOREST HILLS LN MILTON, FL 32570	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.					
SIGNATURE: <input checked="" type="checkbox"/> 			X 3-13-07 (850) 982-7391		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		