2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000173607

Name:

Address:

City-St-Zip:

1164 TABORLAKE DRIVE

LEXINGTON, KY 40502 US

FILED Jan 04, 2008 Secretary of State

Entity Name: CRIMSON MANAGEMENT CORPORATION Current Principal Place of Business: New Principal Place of Business: 280 GULFSHORE DRIVE 280 GULF SHORE DRIVE **UNIT 343 UNIT 343** DESTIN, FL 32541 DESTIN, FL 32541 **Current Mailing Address: New Mailing Address:** 3229 SUMMIT SQUARE PLACE SUITE 210 LEXINGTON, KY 40509 FEI Number: 61-1085165 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOBO, DAVID L 280 GÚLFSHORE DRIVE **UNIT 343** DESTIN, FL 32541 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BOBO, DAVID L PRES Name: Name: 280 GULFSHORE DRIVE UNIT 343 Address: Address: City-St-Zip: DESTIN, FL 32541 US City-St-Zip: Title: VΡ Title: () Delete (X) Change () Addition Name: WIESE, DAVID TVP Name: WIESE, DAVID T VP 3117 HELMSDALE PLACE 768 PINNACLE CT. Address: Address: LEXINGTON, KY 40509 US LEXINGTON, KY 40515 US City-St-Zip: City-St-Zip: () Delete Title: TREA Title: () Change () Addition MALICOTE, BILLIE L TREAS Name: Name: 133 CROWE LANE Address: Address: City-St-Zip: NICHOLASVILLE, KY 40356 US City-St-Zip: Title: SEC () Delete Title: () Change () Addition TURNER, MICHELLE B SEC

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.

Name:

Address:

City-St-Zip:

SIGNATURE: BILLIE L MALICOTE TREA 01/04/2008