

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000017897

Entity Name: CROWN CREATIONS, INC.

FILED
Feb 21, 2007
Secretary of State

Current Principal Place of Business:

710 PONDELLA RD
N FT MYERS, FL 33903

New Principal Place of Business:

1347 N. TAMIAMI TRL
N FT MYERS, FL 33903

Current Mailing Address:

710 PONDELLA RD
N FT MYERS, FL 33903

New Mailing Address:

1347 N. TAMIAMI TRL
N FT MYERS, FL 33903

FEI Number: 83-0412735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, SCARLETT R
710-8 PONDELLA RD
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

COLLINS, SCARLETT R
1347 N. TAMIAMI TRL
NORTH FORT MYERS, FL 33903 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: SCARLETT R. COLLINS

02/21/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: COLLINS, SCARLETT R
Address: 710-8 PONDELLA RD
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VP () Delete
Name: KOPP, JOHN R
Address: 15281 CEMETERY RD
City-St-Zip: FT MYERS, FL 33905

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TREA (X) Change () Addition
Name: COLLINS, SCARLETT R
Address: 1116 NW 24TH AVE
City-St-Zip: CAPE CORAL, FL 33993

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES () Change (X) Addition
Name: WILLINGHAM, PETER W
Address: 848 FREDERICK REID ST. E
City-St-Zip: LEHIGH ACRES, FL 33936

Title: SEC () Change (X) Addition
Name: WILLINGHAM, MARTY J
Address: 848 FREDERICK REID ST. E
City-St-Zip: LEHIGH ACRES, FL 33936

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: SCARLETT R. COLLINS

TREA

02/21/2007

Electronic Signature of Signing Officer or Director

Date