

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 14, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                  |                                       |                                                                                                                    |                                                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P05000039109</b><br>1. Entity Name<br><b>CRIB CONNECTION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                  |                                       |                                                                                                                    |                                                                                                                                      |  |
| Principal Place of Business<br><b>206 HOOD AVE. SE<br/>FT. WALTON BEACH FL 32548</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                  |                                       | Mailing Address<br><b>P.O. BOX 2752<br/>FT. WALTON BEACH FL 32549</b>                                              |                                                                                                                                      |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                  |                                       | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                          |                                                                                                                                      |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                  |                                       | City & State                                                                                                       |                                                                                                                                      |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                  | Country                               |                                                                                                                    | 4. FEI Number <b>20-2501036</b>                                                                                                      |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                  | <b>\$8.75 Additional Fee Required</b> |                                                                                                                    |                                                                                                                                      |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SIGURDSSON, LINDA<br/>206 HOOD AVE. SE<br/>FT. WALTON BEACH FL 32548</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                  |                                       |                                                                                                                    | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 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 _____ (NOTE: Registered Agent signature required when certifying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                  |                                       |                                                                                                                    |                                                                                                                                      |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                  |                                       | 9. Election Campaign Financing <b>\$5.00</b> May<br>Trust Fund Contribution. <input type="checkbox"/> Added to Fee |                                                                                                                                      |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                  |                                       | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                       |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>P</b><br><b>SIGURDSSON, LINDA</b><br><b>206 HOOD AVE.</b><br><b>FT. WALTON BEACH FL 32548</b> |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Add<br><b>U00000507530</b><br><b>04/27/06-80062-017 150.00</b>              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                  |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                  |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                  |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                  |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                  |                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                         |  |
| 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. |                                                                                                  |                                       |                                                                                                                    |                                                                                                                                      |  |
| <b>SIGNATURE:</b> <b>Linda H. Sigurdsson</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                  |                                       | <b>4/10/06</b><br><small>Date</small>                                                                              |                                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                  |                                       | <b>850-244-7992</b><br><small>Daytime Phone #</small>                                                              |                                                                                                                                      |  |