2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State
04-20-2006 90194 002 ***150.00

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03222006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000102262

1. Entity Name
STAR CREST, INC.

Principal Place of Business	Mailing Address
7417 VISTA WAY - APT 203 BRADENTON, FL 34202	7417 VISTA WAY - APT 203 BRADENTON, FL 34202
2. Principal Place of Business: 5204 13th ST W.	3. Mailing Address: 5204 13th ST W.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palmetto FL	City & State: Palmetto FL
Zip: 34221 Country: Manatee	Zip: 34221 Country: Manatee

4. FEI Number: 20-3069200 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, IVAN
~~7417 VISTA WAY - APT 203~~
~~BRADENTON, FL 34202~~

7. Name and Address of New Registered Agent

Name -
Street Address (P.O. Box Number is Not Acceptable) 5204 13th ST W.
City Palmetto FL Zip Code 34221

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 ______________________
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	D SULLIVAN, IVAN ~~7417 VISTA WAY - APT 203~~ ~~BRADENTON, FL 34202~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5204 13th ST W. Palmetto FL 34221
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SULLIVAN, LONNIE ~~7417 VISTA WAY - APT 203~~ ~~BRADENTON, FL 34202~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5204 13th ST W. Palmetto FL 34221
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 05/03/06 (941) 526-7401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #