


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90170 043 ***150.00

DOCUMENT # P05000151388	
1. Entity Name CRAB E. BILL'S, INC.	

Principal Place of Business 3868 NE 169TH STREET SUITE 404 NORTH MIAMI, FL 33160	Mailing Address 3868 NE 169TH STREET SUITE 404 NORTH MIAMI, FL 33160
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2. Principal Place of Business - No P.O. Box # 2890 Township Rd	3. Mailing Address 2890 Township Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Malabar, Fl.	City & State Malabar, Fl.
Zip 32950	Zip 32950
Country	Country

40080108



03142007 Chg-P CR2E034 (12/06)

4. FEI Number 20-3811007	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TIEDGE, WILLIAM 3868 NE 169TH STREET SUITE 404 NORTH MIAMI, FL 33160	7. Name and Address of New Registered Agent Name William Tiedge Street Address (P.O. Box Number is Not Acceptable) 2890 Township Rd City Malabar FL Zip Code 32950
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST TIEDGE, WILLIAM 3868 NE 169TH STREET #404 NORTH MIAMI, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Tiedge, William 2890 Township Rd Malabar, Fl. 32950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIEDGE, SUSAN 3868 NE 169TH STREET #404 NORTH MIAMI, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tiedge, Susan 2890 Township Rd Malabar, Fl. 32950 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: William Tiedge William Tiedge 4/20/07 321 514 7047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #