2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P06000002439

FILED Apr 10, 2007 8:00 am Secretary of State

1. Entity Name CREWS TECHNOLOGY, INC.							04-10-200′	7 90014 0	22 ***1	58.75	
Principal Place of Business			Mailing Address								
5555 HAMPTON WOODS WAY TALLAHASSEE, FL 32311			5555 HAMPTON WOODS WAY Tallahassee, FL 32311			·					
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03082007	Chg-P	CR2E03	4 (12/06)		
City & State			City & State			4. FEI Numbe	B6-115637	2		plied For t Applicable	
Zip	Country		Zip	Country	/	5. Certificate of Status Desired			itional		
	6. Name	and Address of Current R	tegistered Agent				7. Name and Address of New Registered Agent				
					Name						
CREWS, ROSELYN G 5555 HAMPTON WOODS WAY TALLAHASSEE, FL 32311					Street Address (P.O. Box Number is Not Acceptable)						
i					City FL 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 Signature, typod or printed registered agent and title if applicable. (NOTE: Registered Agent signature required when reinciating) DATE											
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Ca Trust Fund				~	· _ ••	i.00 May Be ded to Fees					
10.		OFFICERS AND D	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND (DIRECTORS	3 IN 11	
TITLE	P		☐ Delete TUTL						Change	☐ Addition	
NAME	CREWS, ROSELYN G		NAM		* (DODETTE					i	
STREET ADORESS CITY-ST-ZIP	1 ' ' '				ADORESS IT-ZIP					1	
TITLE	VP		Delete IIIL		1151)				Change	Addition	
NAME	CREWS, JOHN R		LI Delete						change		
STREET ADORESS	1				ADDRESS						
CITY-ST-ZIP	TALLAHAS	SSEE, FL 32311		CITY-S	ST-ZIP						
TITLE			☐ Delete	TITLE					☐ Change	Addition	
NAME				NAME							
STREET ADORESS CITY-ST-ZIP				STREET CITY-S	ADDRESS						
πιε			☐ Delete	TITLE					☐ Change	Addition	
NAME			LLI DOGGE	NAME	1						
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STREET ADORESS	!				I ADORESS						
CITY-ST-ZIP]			CITY-S	ST-ZIP						
12. I hereby of indicated	certify that the Lon this repor	information supplied with tor supplemental report is	this filing does not qualify for true and accurate and that i	or the exer	nptions containe	ed in Chapter 11:	9, Florida Statutes. I ct as if made under	further certif oath: that I ar	y that the in n an officer	nformation or director	

indicated on this report or supplemental report is true and accurate and that my signalure 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: ROSELYN G. CREWS

April 09,2007 850-2199175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR