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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 FOR PROFIT CORPORATION ANNUAL REPORT

01242007 Chg-P CR2E034 (12/06)

DOCUMENT # P06000085554

1. Entity Name
CROWN TRUST CORP.

Principal Place of Business	Mailing Address
11731 BRIARWOOD CIRCLE SUITE #1 BOYNTON BEACH, FL 33437 US	11731 BRIARWOOD CIRCLE SUITE #1 BOYNTON BEACH, FL 33437 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1000 NE 14 AVENUE		1000 NE 14 AVENUE	
Suite, Apt. #, etc. 605		Suite, Apt. #, etc. 605	
City & State HALLANDALE FL		City & State HALLANDALE FL	
Zip 33009	Country USA	Zip 33009	Country USA

4. FEI Number 20-5109649 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WEISS, ALLAN
11731 BRIARWOOD CIRCLE
SUITE #1
BOYNTON BEACH, FL 33437

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 1000 NE 14 AVE #605

City HALLANDALE FL Zip Code 33009

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 X ALLAN WEISS [signature] JAN 26/07
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. ☐ **$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	PRES WEISS, ALLAN 11731 BRIARWOOD CIRCLE BOYNTON BEACH,, FL 33437	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 1000 NE 14 AVENUE #605 HALLANDALE FL 33009	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: X [signature] ALLAN WEISS Jan 26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #