2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P06000129205

1. Entity Name CRS MAX CONSULTANTS, INC.



FILED Apr 14, 2008 08:00 A Secretary of State

Principal Place of Business

3331 NW 71ST ST.

COCONUT CREEK, FL 33073

Mailing Address

3331 NW 71ST ST.

COCONUT CREEK, FL 33073



04092008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-5696057

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KING, CATHY L 3331 NW 71ST ST

DO NOT WRITE

COCONUT CREEK, FL 33073			IN THIS SPACE			
the obligat	ions of registered agent.	surpose of changing its registere	ed office or r	egistered agent, or b	oth, in the State of Fiorida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title i	f applicable. (NOTE: Registere	d Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KING, CATHY L 3331 NW 71ST ST COCONUT CREEK, FL 33073				U00000893798 04/23/08-80117-022 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KING, EARL S III 3331 NW 71ST ST. COCONUT CREEK, FL 33073					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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

NAME STREET ADDRESS CITY-ST-ZIP

954-421-7794 4-9-08