


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90138 004 ***158.75

DOCUMENT # P06000150480	
1. Entity Name CRABTREE SOUTH CORP.	

Principal Place of Business 1000 SOUTH OCEAN BLVD. - SUITE 90 POMPAÑO BEACH, FL 30062	Mailing Address 1000 SOUTH OCEAN BLVD. - SUITE 90 POMPAÑO BEACH, FL 30062
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2. Principal Place of Business - No P.O. Box # 780 NORTH STATE ROAD 7	3. Mailing Address 780 NORTH STATE ROAD 7
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PLANTATION FL	City & State PLANTATION FL
Zip 33317	Country BROWARD

40000000



04032007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5995640	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BOLEK, JAMES 1000 SOUTH OCEAN BLVD. - SUITE 90 POMPAÑO BEACH, FL 30062	
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7. Name and Address of New Registered Agent Name PASQUALE FEDERICI Street Address (P.O. Box Number is Not Acceptable) 707 SOUTHEAST 16th COURT City Fort Lauderdale FL Zip Code 33317	
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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 Pasquale Federici <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 4/3/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>

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	DP CRABTREE, JOSEPH 7 RED FERN RIDGE SHELTON, CT 06484 <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	DVS LASHER, JEFFREY 241 TURKEY ROOST RD MONROE, CT 06468 <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
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: JEFFREY LASHEL <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 4/3/07 DAYTIME PHONE # 203 619 1471