2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08-19-2008 90003 042 ***158.75
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000157398

1. Entity Name
CROWN RESORT GROUP INC.

Principal Place of Business	Mailing Address
460 HARRISON AVENUE PANAMA CITY, FL 32401	460 HARRISON AVENUE PANAMA CITY, FL 32401

08132008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
8101 Thomas Drive	8101 Thomas Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Panama City Beach, FL.	City & State: Panama City Beach, FL
Zip: 32408 Country: USA	Zip: 32408 Country: USA

4. FEI Number: 20-8260883 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FAIRCLOTH, CHARLES
460 HARRISON AVENUE
PANAMA CITY, FL 32401

7. Name and Address of New Registered Agent

Name: Russell T. Arline
Street Address (P.O. Box Number is Not Acceptable): 8101 Thomas Drive
City: Panama City Beach FL Zip Code: 32408

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: Russell T. Arline, President [signature] President 8/13/08
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 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	ARLINE, RUSSELL T	
STREET ADDRESS	460 HARRISON AVENUE	
CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE	V	☑ Delete
NAME	FAIRCLOTH, CHARLES	
STREET ADDRESS	460 HARRISON AVENUE	
CITY-ST-ZIP	PANAMA CITY, FL 32401	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	☑ Change ☐ Addition
NAME	Russell T. Arline	
STREET ADDRESS	8101 Thomas Drive	
CITY-ST-ZIP	Panama City Beach, FL. 32408	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] President Russell T. Arline President 08/13/08 850 230-0778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #