## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000127810

Entity Name: CRYSTAL EYE, INC

City-St-Zip:

TAMPA, FL 33625

FILED Mar 30, 2009 Secretary of State

•		<b>-,</b>			
Current Principal Place of Business:			New Principal Place of Business:		
10309 CAI TAMPA, F	USEWAY BLV L 33619	/D			
Current Mailing Address:			New Mailing Address:		
7735 BING TAMPA, F					
FEI Number	: 26-1588520	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
ENCINAS, 4706 ASHI TAMPA, F	BURN SQ. DF	RIVE S			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ( ).			
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D ( ENCINAS, MA 4706 ASHBUR TAMPA, FL 33	N SQ. DRIVE	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( BOVE, JOSEF 7735 BINGHAI TAMPA, FL 33	M CT.	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address:	D ( BOVE, PAOLA 7735 BINGHAI		Title: ( Name: Address:	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MARIO S ENCINAS D 03/30/2009