2007 FOR PROFIT CORPORATION

FILED Apr 30, 2007 08:00 A Secretary of State

ANNUAL REPO	Apr 30, 2007 08: Secretary of S		
DOCUMENT # P93000029203 1. Entity Name CRW IX, INC.		Seci	etary of S
	ess VN Park Circle RDEN, FL 34787 US		
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DO NOT WRITE IN THIS SPACE			034 (11/05)
BO NOT WRITE IN T	IIO OI AOL	4. FEI Number 59-3190876	Applied For Not Applicable
•		5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Age	nt .		
WESIGHAN, FRANK C 200 E ROBINSON ST STE 1020 ORLANDO, FL		DO NOT WRIT	
The above named entity submits this statement for the purpose of the obligations of registered agent.	changing its registered office or registe	red agent, or both, in the State of Florida. I am	familiar with, and accept

Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2007 Fee will be \$550.00

SIGNATURE.

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

(NOTE: Registered Agent algorithms required when reinstating)

10,	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WESIGHAN, FRANK C 557 WEKIVA LANDING DR APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RABOUD, RONALD J 4405 W KELLY PARK ROAD APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A COX, LAWRENCE E 1099 PARK AVE N WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	

Signature, typed or printed name of registered agent and title if applicable

000000740839 05/15/07-80003-023 150.00

DO NOT WRITE IN THIS SPACE

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 appropriate the appropriate 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 appropriate the appropriate that the information indicated on this report of the corporation of 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

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CITY - ST - ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD J. RABOUD 4/27/07

407-877-0220
