2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P93000038631 1. Entity Name

FILED Mar 27, 2006 8:00 am Secretary of State 03-27-2006 90245 017 ***150.00

PRODUCT Place of Business PO BOX 2720/4 TAPE 33688 US	CROWN	SALES GROUP, INC.									
Suite, Apt. 8, etc.	18906 PLACE MARQUETTE		PO BOX 272044								
City & State	2. Principal P	lace of Business	3. Mailing Address								
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. State Address (P.O. Box Number is Not Acceptable)	Suite, Apt. #, etc.		Suite, Apt. #, etc.			03222006	Chg-P	CR2E03	4 (11/05)		
Second S	City & State		City & State								
MILES, LEROY A 18006 PLACE MARQUETTE LUTZ, FL 33558 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE. SORDATURE. SORDATA INDRE VIEWS rare or or organized agent and that a septiculate. (NOTE Registered Agent, sordate remote with reduction) 9. Election Comparign Financing by S.5.00 May Be Added to Free Added t	Zip	Country	Zip	Country					8.75 Add	itional	
MILES, LEROY A 18908 PLACE MARQUETTE LUTZ, FL 33558 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 Fiolda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiolda. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SITERI ADDRESS OITY-SI-2P MILES, LEROY A 1890 6 Place Marquette ITILE NAME SITERI ADDRESS OITY-SI-2P TITLE NAME SITERI ADDRESS OI		6. Name and Address of Current F	Registered Agent			7. Name and	Address of New R	legistered A	gent		
Size Address (P.O. Box Number is Not Acceptable) City FL Zip Code	MUESIE	POV A		Name							
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 Common Fill Fi	18906 PLA	CE MARQUETTE	Street Addres			; (P.O. Box Number is Not Acceptable)					
SIGNATURE Signature typed or printed name of registered agent and title if approaches. (NOTE-Registered Agent agent are neutral when relationary) DATE				City	<u> </u>			FL	Zip Code	e	
Separative, typind or printed name of registerial equivales (POTE Registered Agent signature required when refaculating) PATE	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										
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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.

Legroy A. Miles

GNATURE:

| SIGNATURE AND PRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

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