

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000074467

FILED
Mar 15, 2007
Secretary of State

Entity Name: CROWN EAGLE FINANCIAL CORP.

Current Principal Place of Business:

14151 SW 24 STREET
C/O ALLISON CARGILL
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

14151 SW 24 STREET
C/O ALLISON CARGILL
DAVIE, FL 33325

New Mailing Address:

FEI Number: 65-0445604 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARGILL, ALLISON
14151 SW 24TH ST
FORT LAUDERDALE, FL 33325 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SAENZ, RAUL M
Address: 8180 N.W. 36 STREET
City-St-Zip: MIAMI, FL 33166

Title: DP () Delete
Name: CARGILL, ALLISON
Address: 14151 SW 24 STREET
City-St-Zip: DAVIE, FL 33325

Title: TD () Delete
Name: CARGILL, WALTER E SR
Address: 14151 SW 24TH ST
City-St-Zip: DAVIE, FL 33325

Title: SD () Delete
Name: CARGILL, ALLISON
Address: 14151 SW 24TH ST
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: ALLISON CARGILL

SD

03/15/2007

Electronic Signature of Signing Officer or Director

_____ Date