


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90107 038 \*\*\*150.00

<b>DOCUMENT # P94000005865</b>	
1. Entity Name <b>CRI CONSULT, INC.</b>	

Principal Place of Business <b>215 FIFTH ST #200 P.O. BOX 347 WEST PALM BEACH FL 33402-0347 US</b>	Mailing Address <b>215 FIFTH ST #200 P.O. BOX 347 WEST PALM BEACH FL 33402-0347 US</b>
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2. Principal Place of Business - No P.O. Box # 101 North Clematis Street	3. Mailing Address 101 North Clematis Street
Suite, Apt. #, etc. Suite 220	Suite, Apt. #, etc. Suite 220
City & State West Palm Beach, FL	City & State West Palm Beach, FL
Zip 33401	Country U.S.

1st MOORE CR2E034 (10/06)

4. FEI Number <b>65-0494614</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>R GREG SMITH, CPA NOWEEN, HOLT &amp; MINER, P.A. 215 FIFTH ST #200 WEST PALM BEACH FL 33402</b>		7. Name and Address of New Registered Agent Name <b>R. Greg Smith, CPA</b> Street Address (P.O. Box Number is Not Acceptable) <b>Elhilow, Smith &amp; Corson, LLC</b> <b>101 North Clematis, Suite 220</b> City <b>West Palm Beach</b> <b>FL</b> Zip Code <b>33401</b>

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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and if applicable. (N/A) if Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete <b>P MCPHERSON, LAURA 3109 GRAND AVE #489 COCONUT GROVE FL 33133</b>	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *R. Greg Smith* **4/23/07 54-659-3308**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #