

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                |                            |                                 |                                                                     |                                                                                                                   |                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>DOCUMENT # P94000061673</b><br>1. Entity Name<br><b>CROWN MANAGEMENT GROUP, INC.</b>                                                                                                                                        |                            |                                 |                                                                     |                                                                                                                   |                                                              |
| Principal Place of Business<br><b>8201 N WICKHAM RD<br/>MELBOURNE FL 32940<br/>US</b>                                                                                                                                          |                            |                                 | Mailing Address<br><b>1041 ROYAL OAK CT.<br/>MELBOURNE FL 32940</b> |                                                                                                                   |                                                              |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                          |                            |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                           |                                                                                                                   |                                                              |
| City & State                                                                                                                                                                                                                   |                            |                                 | City & State                                                        |                                                                                                                   |                                                              |
| Zip                                                                                                                                                                                                                            |                            | Country                         |                                                                     | 4. FEI Number<br><b>59-3262694</b>                                                                                |                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                      |                            |                                 |                                                                     | <b>\$8.75 Additional Fee Required</b>                                                                             |                                                              |
| 6. Name and Address of Current Registered Agent<br><br><b>SOILEAU, JOHN L<br/>1970 MICHIGAN AVE. BLDG C<br/>COCOA FL 32-922</b>                                                                                                |                            |                                 |                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |                                                              |
| 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. |                            |                                 |                                                                     | FL Zip Code                                                                                                       |                                                              |
| SIGNATURE _____ (NOTE: Registered Agent signature required when changing)                                                                                                                                                      |                            |                                 |                                                                     |                                                                                                                   |                                                              |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                |                            |                                 |                                                                     |                                                                                                                   |                                                              |
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                         |                            |                                 |                                                                     |                                                                                                                   |                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                     |                            |                                 |                                                                     |                                                                                                                   |                                                              |
| TITLE                                                                                                                                                                                                                          | PT                         | <input type="checkbox"/> Delete | TITLE                                                               |                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                                                                                                                                                                                                                           | BRADY, DENNIS S            |                                 | NAME                                                                |                                                                                                                   |                                                              |
| STREET ADDRESS                                                                                                                                                                                                                 | 1041 ROYAL OAK CT.         |                                 | STREET ADDRESS                                                      |                                                                                                                   |                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                    | MELBOURNE FL 32940         |                                 | CITY-ST-ZIP                                                         |                                                                                                                   |                                                              |
| TITLE                                                                                                                                                                                                                          | V                          | <input type="checkbox"/> Delete | TITLE                                                               |                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                                                                                                                                                                                                                           | KEMPTON, GREG              |                                 | NAME                                                                |                                                                                                                   |                                                              |
| STREET ADDRESS                                                                                                                                                                                                                 | 4530 LENNOX BLVD.          |                                 | STREET ADDRESS                                                      |                                                                                                                   |                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                    | NEW ORLEANS FL 70131       |                                 | CITY-ST-ZIP                                                         |                                                                                                                   |                                                              |
| TITLE                                                                                                                                                                                                                          | S                          | <input type="checkbox"/> Delete | TITLE                                                               |                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                                                                                                                                                                                                                           | DUNNICAN, ROBERT G         |                                 | NAME                                                                |                                                                                                                   |                                                              |
| STREET ADDRESS                                                                                                                                                                                                                 | 4112 ROYAL OAK OR          |                                 | STREET ADDRESS                                                      |                                                                                                                   |                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                    | NORTH LITTLE ROCK AR 72116 |                                 | CITY-ST-ZIP                                                         |                                                                                                                   |                                                              |
| TITLE                                                                                                                                                                                                                          | D                          | <input type="checkbox"/> Delete | TITLE                                                               |                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                                                                                                                                                                                                                           | SIMMERMON, ROBERT W        |                                 | NAME                                                                |                                                                                                                   |                                                              |
| STREET ADDRESS                                                                                                                                                                                                                 | 1321 AUGUSTA NATIONAL BLVD |                                 | STREET ADDRESS                                                      |                                                                                                                   |                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                    | WINTER SPRINGS FL 32708    |                                 | CITY-ST-ZIP                                                         |                                                                                                                   |                                                              |
| TITLE                                                                                                                                                                                                                          |                            | <input type="checkbox"/> Delete | TITLE                                                               |                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                                                                                                                                                                                                                           |                            |                                 | NAME                                                                |                                                                                                                   |                                                              |
| STREET ADDRESS                                                                                                                                                                                                                 |                            |                                 | STREET ADDRESS                                                      |                                                                                                                   |                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                    |                            |                                 | CITY-ST-ZIP                                                         |                                                                                                                   |                                                              |
| TITLE                                                                                                                                                                                                                          |                            | <input type="checkbox"/> Delete | TITLE                                                               |                                                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME                                                                                                                                                                                                                           |                            |                                 | NAME                                                                |                                                                                                                   |                                                              |
| STREET ADDRESS                                                                                                                                                                                                                 |                            |                                 | STREET ADDRESS                                                      |                                                                                                                   |                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                    |                            |                                 | CITY-ST-ZIP                                                         |                                                                                                                   |                                                              |

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:

*[Signature]*

*Dennis S Brady 2/6/06 321-253-13*