## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000061673

FILED Jun 20, 2008 Secretary of State

Entity Nam	ne: CROWN M	IANAGEMENT GROUP, INC.			
Current Pr	incipal Place o	of Business:	New Principal Place o	f Business:	
8201 N WIC MELBOURI	CKHAM RD NE, FL 32940	US			
Current Ma	ailing Address	:	New Mailing Address:		
1041 ROYA MELBOURI	L OAK CT. NE, FL 32940				
FEI Number:	59-3262694	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	New Registered Agent:	
EISENMENGER,BERRY,, PETERS L 5450 VILLAGE DRIVE VIERA, FL 32955 US			8035 SPYGLASS HILL F	BERMAN HOPKINS WRIGHT & LAHAM 8035 SPYGLASS HILL RD. MELBOURNE, FL 32940 US	
The above in the State		bmits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATUR	E: JOHN HOF	PKINS		06/20/2008	
	Electronic	Signature of Registered Agen	t	Date	
	,	2)(b), F.S., the corporation did not Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PT () D BRADY, DENNIS 1041 ROYAL OAI MELBOURNE, FL	CT.	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	V () C KEMPTON, GREG 4530 LENNOX BL NEW ORLEANS,	LVD.	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	S () D DUNNICAN, ROB 4112 ROYAL OAF NORTH LITTLE R	< DR	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title:	D ()D	Pelete DRERT W	Title: (	) Change ()Addition	

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

Address:

City-St-Zip:

SIGNATURE: DENNIS BRADY PT 06/20/2008	8
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1321 AUGUSTA NATIONAL BLVD

WINTER SPRINGS, FL 32708

Address:

City-St-Zip: