2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000027719

Name:

Address:

City-St-Zip:

GRECO, RALPH J

1118 SW DORCHESTER ST

PORT SAINT LUCIE, FL 34983

Entity Name: C.R. CONSTRUCTION ASSOCIATES, INC.

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	OORCHESTER CIE, FL 34983	ST US			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
P O BOX 9 PT ST LUC	0232 DIE, FL 34985	US			
FEI Number:	65-0570308	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
AMERILAV 343 ALMEI CORAL GA		34 US			
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () GRECO, RALPH 1118 SW DORC PORT SAINT LU	HESTER ST	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	VS () WENDELL, COL 1498 SW BARTE PT ST LUCIE, FI	ELL AVE	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title:	T ()	Delete	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.

Name:

Address:

City-St-Zip:

SIGNATURE: RALPH J GRECO PD 04/30/2007