2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000049066

FILED Feb 05, 2007 Secretary of State

Entity Nan	ne: CROWN	ENCLOSURES, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	VE BLUFF RE VILLE, FL 322				
Current Mailing Address:			New Mailing Address:		
P.O BOX 3 JACKSON	2351 VILLE, FL 322	237			
FEI Number:	59-3307782	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:					
MASTERS, GERARD 2040 GROVE BLUFF RD. JACKSONVILLE, FL 32259 US			2040 GROVE BLUFF F	MASTERS, GERARD E PRES. 2040 GROVE BLUFF RD. JACKSONVILLE, FL 32259 US	
The above in the State		submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: GERARD E. MASTERS				02/05/2007	
	Electron	nic Signature of Registered Age	ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MASTERS, GE 2040 GROVE E		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MASTERS, CH 2040 GROVE E		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: GERARD E. MASTERS **PRES** 02/05/2007