

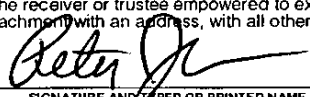


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2005 8:00 am**  
**Secretary of State**

04-05-2005 90041 012 \*\*\*150.00

<b>DOCUMENT # P95000051172</b> 1. Entity Name <b>CRONIN FINANCIAL CORP.</b>					
Principal Place of Business <b>22029 SR 7 STE 103 BOCA RATON FL 33428 US</b>				Mailing Address <b>22029 SR 7 STE 103 BOCA RATON FL 33428 US</b>	
2. Principal Place of Business <b>11395 AA.W. Palmetto Park Rd.</b>		3. Mailing Address <b>11395 AA.W. Palmetto Park Rd.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		1st MOORE CR2E034 (10/04)	
City & State <b>Boca Raton FL.</b>		City & State <b>Boca Raton FL.</b>		4. FEI Number <b>65-0591389</b>	
Zip <b>33428</b> Country <b>US</b>		Zip <b>33428</b> Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CRONIN, PETER J 23257 STATE ROAD 7 BOCA RATON FL 33428</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CRONIN, PETER</b> <b>22029 SR 7 STE 103</b> <b>BOCA RATON FL 33428</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>CRONIN, Peter</b> <b>11395 AA West Palmetto Park Road</b> <b>Boca Raton, FL. 33428</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			3/30/2005 (561) 479-1898		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					