2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 11, 2006 8:00 am Secretary of State DOCUMENT # P95000064065 1.√Ěntity Name 04-11-2006 90113 006 ***150.00 CRESSKILL, INC. Principal Place of Business Mailing Address 58 PECAN RUN PASS **58 PECAN RUN PASS** OCALA FL 34472 US OCALA FL 34472 US 2. Principal Place of Business 3. Mailing Address lrack Run 6 REDWOOD TRACK 56 REDWOOD iite Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State Applied For City & State 4. FEI Number 65-0601087 CAL Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HEFFERNAN, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 2911 EAST MAIN STREET PAHOKEE FL 33476 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FÉE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. TITLE ☐ Delete TITLE Change Addition 56 REDWOOD TEACK RUN NAME SHERMAN, ROBERT W NAME STREET ADDRESS **58 PECAN RUN PASS** STREET ADDRESS OCALA, FL. 34472 CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34472 Change Addition TITLE ☐ Delete TITLE 56 REOWOOD TRACK RUN SHERMAN, LORETTA M NAME NAME STREET ADDRESS STREET ADDRESS 58 PECAN PASS OCALA FL 34472 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P 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 both an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED