


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000013018</b> 1. Entity Name CRY OF SARASOTA, INC.	
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Principal Place of Business 3045 SOUTH MCCALL ROAD ENGLEWOOD, FL 34224	Mailing Address 720 BUCKSKIN CT ENGLEWOOD, FL 34223
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<b>DO NOT WRITE IN THIS SPACE</b>
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01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0649969	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MCGINNESS, W L 1800 SECOND STREET SUITE 750 SARASOTA, FL 34236
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 After May 1, 2007 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARSON, JOSEPH M 613 SCHOOL AVE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YAHRAUS, ROY 613 SCHOOL AVE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REGER, GARY 3045 HWY 776 ENGLEWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000621115 02/12/07-80004-003 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Joseph M. Carson* **1/31/2007** **941 474-8185**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #