

May 12
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**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000056616 1. Entity Name CRDNLZ, INC.			
Principal Place of Business 5201 HEMLOCK DRIVE NEW PORT RICHEY, FL 34652		Mailing Address 5201 HEMLOCK DRIVE NEW PORT RICHEY, FL 34652	
DO NOT WRITE IN THIS SPACE			
05072004 No Chg-P CR2E034 (10/03)			
4. FEI Number 59-3390760		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PROCTOR, STEPHEN 5201 HEMLOCK DRIVE NEW PORT RICHEY, FL 34652		DO NOT WRITE IN THIS SPACE	
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: _____ <small>Signature typed or printed name of registered agent and type if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE: _____			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000159930 05/12/04-80006-020 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PROCTOR, STEPHEN 5201 HEMLOCK DRIVE NEW PORT RICHEY, FL 34652		
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5/7/04 727 8440173 <small>Date Daytime Phone #</small>	