2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Jul 13, 2006 8:00 am Secretary of State DOCUMENT # P96000075086 07-13-2006 90021 022 ***150.00 CREW SERVICES OF THE KEYS, INC. Principal Place of Business Mailing Address **DUUZZ429** 26 MARLIN **POST OFFICE BOX 723** KEY LARGO, FL 33037 KEY LARGO, FL 33037 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07072006 CR2E034 (11/05) Cha-P City & State City & State 4. FEI Number Applied For 65-0694911 Not Applicable Zip Country Zip Country \$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 CREASMAN, GERALD E CPA Street Address (P.O. Box Number is Not Acceptable) 9245 SW 157 ST SUITE 105 MIAMI, FL 33152 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 FRITCH CHERYL F PSTD TITLE ☐ Detete TITLE FRITCH, CHERYL F NAME NAME 3 MERIDIAN STREET ADDRESS 65 JEAN LAFITT- delate STREET ADDRESS KEY LARGO, FL 33037 15 CITY-ST-7IP CITY+ST-7IP hargo ☐ Detete TITLE ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oelete TITLE 31TLF ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITL F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED