2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED ANNUAL REPORT Jul 14, 2006 08:00 AM **DOCUMENT # P97000004073** 1. Entity Name **Secretary of State** THE CREST CORPORATION OF PANAMA CITY BEACH Principal Place of Business Mailing Address 6126 THOMAS DRIVE **6126 THOMAS DRIVE** PANAMA CITY BEACH, FL 32408 PANAMA CITY BEACH, FL 32408 07072006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-3418683 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HESS, BRIAN D DO NOT WRITE 9108 FRONT BEACH ROAD PANAMA CITY BEACH, FL 32407 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 6, 2006 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS PD TITLE YOUNG, WILLIAM P NAME STREET ADDRESS 6126 THOMAS DRIVE CITY-ST-ZIP PANAMA CITY BEACH, FL 32408 000000570212 07/14/06-80003-021 900.00 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CiTY-ST-ZiP IJIJ₽ IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 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.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ON THE OF PROMITED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/06

850-230-//76 Devizione Priore #