2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000026302

Entity Name: CRS BUILDING CORPORATION

FILED Jan 15, 2008 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

3637 4TH STREET N. 3637 4TH STREET N.

SUITE 270 SUITE 270

SAINT PETERSBURG, FL 33704 SAINT PETERSBURG, FL 33704 US

Current Mailing Address: New Mailing Address:

P.O. BOX 20102 P.O. BOX 20102

SAINT PETERSBURG, FL 33742 US

FEI Number: 59-3434299 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SAS, CRAIG R
SAS, CRAIG R
SAS, CRAIG R

5728 CALAIS BLVD. 900 SNELL ISLE BLVD. NE SUITE 6 ST. PETERSBURG, FL 33704 US

ST. PETERSBURG, FL 33714 US

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.

SIGNATURE: 01/15/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CDP () Delete Title: CDP (X) Change () Addition

 Name:
 SAS, CRAIG R
 Name:
 SAS, CRAIG R

 Address:
 5728 CALAIS BLVD #6
 Address:
 900 SNELL ISLE BLVD. NE

 City-St-Zip:
 ST PETERSBURG, FL 33714
 City-St-Zip:
 ST PETERSBURG, FL 33704 US

Title: ST () Delete Title: ST (X) Change () Addition

Name: SAS, EVA D Name: SAS, EVA D

Address: 5728 CALAIS BLVD #6 Address: 900 SNELL ISLE BLVD. NE
City-St-Zip: ST PETERSBURG, FL 33714 City-St-Zip: ST PETERSBURG, FL 33704 US

 $\label{eq:title:v} {\sf Title:} \qquad {\sf V} \qquad {\sf (\)\ Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X)\ Change\ (\)\ Addition}$

Name: SAS, TREVOR K Name: SAS, TREVOR K
Address: 2103 BRANCH HILL STREET Address: 11510 JENNY LYNE COURT

Address: 2103 BRANCH HILL STREET Address: 11510 JENNY LYNE COUR City-St-Zip: TAMPA, FL 33612 City-St-Zip: TAMPA, FL 33612 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVA D. SAS ST 01/15/2008