

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90045 046 ***150.00

DOCUMENT # P97000027173 1. Entity Name CRYSTAL BUSINESS SOLUTIONS, INC.					
Principal Place of Business 556 FLORDIA CENTRAL PKWY 1000 LONGWOOD, FL 32750			Mailing Address PO BOX 521929 LONGWOOD, FL 32752		
2. Principal Place of Business - No P.O. Box # 134 BAYWOOD AVE			3. Mailing Address Suite, Apt. #, etc.		
City & State LONGWOOD FL			City & State		
Zip 32750		Country USA		Zip	
Country		4. FEI Number 59-3436253		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOLLAR, ROGER 556 FLORDIA CENTRAL PKWY SUITE 100 LONGWOOD, FL 32750			7. Name and Address of New Registered Agent Name DOLLAR, ROGER Street Address (P.O. Box Number is Not Acceptable) 134 BAYWOOD AVE City LONGWOOD FL Zip Code 32750		
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 DATE 1/10/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DOLLAR, ROGER 556 FLORDIA CENTRAL PKWY #1000 LONGWOOD, FL 32750		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DOLLAR, ROGER 134 BAYWOOD AVE. LONGWOOD, FL 32750	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:			ROGER DOLLAR		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1/10/08 Daytime Phone # 407-339-5832		