2006 FOR PROFIT CORPORATION FILED **ANNUAL REPORT** Jan 23, 2006 08:00 AN DOCUMENT # P98000088178 **Secretary of State** 1. Entity Name CRISFANIE, INCORPORATED Principal Place of Business Mailing Address 512 BAYSHORE ROAD 512 BAYSHORE ROAD NOKOMIS, FL 34275 NOKOMIS, FL 34275 01142006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3537490 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VIVIES, PATRICK CPA DO NOT WRITE 700 E DANIA BEACH BLVD STE 202 DANIA, FL 33004 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature regulted when reinstating) DATE Unnon394931 **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 01/26/06-80031-001 ISD.nn Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME BARBIER, LUCIEN-CHARLES STREET ANDRESS 2826 HORWOOD LANE VENICE, FL 34292 CITY-ST-ZIP nae NAME STREET ADDRESS CITY - ST - ZIP itile NAME STREET AUDRESS DO NOT WRITE CITY - ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
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