2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 06, 2006 8:00 am Secretary of State DOCUMENT # P99000005488 1. Entity Name 03-06-2006 90032 039 ***150.00 CRESCENT BEACH ELECTRIC, INC. Principal Place of Business Mailing Address 6303 BEACH DRIVE 6303 BEACH DRIVE PANAMA CITY BEACH FL 32408 PANAMA CITY BEACH FL 32408 3. Mailing Address 9128 FRONT BEACH RD 2. Principal Place of Business 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 62-1767667 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMART, CECIL DARIN Street Address (P.O. Box Number is Not Acceptable) 6303 BEACH DRIVE PANAMA CITY BEACH FL 32408 City 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. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing - After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition SMART, CECIL D NAME NAME STREET ADDRESS STREET ADDRESS 6303 BEACH DRIVE CITY-ST-ZIP PANAMA CITY FL 32408 CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME SMART, PATRICE NAME STREET ADDRESS 6303 BEACH DRIVE STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32408 CITY-ST-ZIP TITLE _ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Delete TITLE TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

il Darin Smart 1-20-06

SIGNATURE: Cuil Ba

FILED