2006 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Apr 28, 2006 08:00 AN Secretary of State DOCUMENT # P99000031186 1. Entity Name CROG, INC. Principal Place of Business Mailing Address 515 S. RIDGEWOOD AVENUE 515 S. RIDGEWOOD AVENUE DAYTONA BEACH, FL 32114 DAYTONA BEACH, FL 32114 01032006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3574285 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent RHYNARD, M.A. DO NOT WRITE 515 S. RIDGEWOOD ACE. DAYTONA BEACH, FL 32114 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) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. n TITLE ANGRISANI, FRANK U00000543413 05/10/06-80136-017 150.00 MARKE 308 SEABREEZE BLVD. STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32118 TÍTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED VAME OF SIGNING OFFICER OR DIRECTOR