2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000078722

Entity Name: CRYSTAL DRIVE STORAGE, INC.

FILED Apr 18, 2006 Secretary of State

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

2248 FIRST STREET 2305 CRYSTAL DR. FORT MYERS, FL 33901 FORT MYERS, FL 33907

Current Mailing Address: New Mailing Address:

2248 FIRST STREET 12920 SILVERTHORN CT. FORT MYERS, FL 33901 BONITA SPRINGS, FL 34135

FEI Number: 65-0961958 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WINESETT, RICHARD W
2248 FIRST STREET
5 CRT MYERS, FL 33901 US
WILLIAMS, CECIL E
12920 SILVERTHORN CT.
BONITA SPRINGS, FL 34135 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: CECIL E. WILLIAMS 04/18/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

 Title:
 DPST () Delete

 Name:
 WILLIAMS, CECIL E

 Address:
 2325 CRYSTAL DR

 City-St-Zip:
 FORT MYERS, FL 33907

Title: () Delete Name:

Address: City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 $\begin{array}{lll} \mbox{Title:} & \mbox{DPST} & \mbox{(X) Change () Addition} \\ \mbox{Name:} & \mbox{WILLIAMS, CECIL E} \end{array}$

Address: 12920 SILVERTHORN CT.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: PRES () Change (X) Addition Name: WILLIAMS, CECIL E PRES.

Address: 12920 SILVERTHORN CT.
City-St-Zip: BONITA SPRINGS, FL 34135 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CECIL E. WILLIAMS PRES 04/18/2006