


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90039 001 ***150.00

DOCUMENT # S11154
 1. Entity Name
 CRYSTAL LAKE HOLDING CORP.



Principal Place of Business Mailing Address
 3257 SE BROOK ST. 3257 SE BROOK ST.
 STUART, FL 34997 US STUART, FL 34997 US


2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40019350



01172007 Chg-P CR2E034 (12/06)

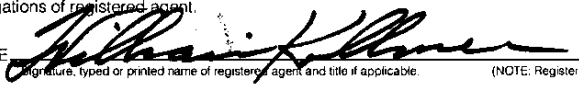
4. FEI Number Applied For
 65-0228771 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GALE GIBSON, PRISCILLA
 SMITHFIELD PLAZA
 2161 SE OCEAN BLVD
 STUART, FL 34996

7. Name and Address of New Registered Agent
 Name WILLIAM KOLLMER
 Street Address (P.O. Box Number is Not Acceptable)
 1608 SW CROSSING CIRCLE
 City PALM CITY FL Zip Code 34990

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:  WILLIAM KOLLMER, SECRETARY/TREASURER DATE: 2/2/07


(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$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	PD SPECIALE, FRANK 1111 S OCEAN BLVD., #120 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BLOOM, MATTHEW PO BOX 292 MT. SINAI, NY 11766 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINS, ANTONIO 1676 WASHINGTON AVE LONG ISLAND, NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILLIAM KOLLMER 1608 SW CROSSING CIRCLE PALM CITY, FL 34990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNHA, JOAQUIM 1676 WASHINGTON AVE LONG ISLAND, NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FILIPE, BRASILINO 9960 S OCEAN BLVD #403 JENSEN BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPO, JACK 9 SAGE BRUSH CT SETAUKET, NY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:  WILLIAM KOLLMER 2/2/07 772-223-1224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #