


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 8:00 am
Secretary of State

02-01-2006 90010 048 ***150.00

DOCUMENT # S12201	
1. Entity Name ENTRECRAZE, INC.	

Principal Place of Business 9722 B FRONT BEACH RD. PANAMA CITY BCH., FL 32407 US	Mailing Address POB 9711 PANAMA CITY BCH., FL 32417 US
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2. Principal Place of Business 1134 BAY DR	3. Mailing Address PO. BOX 1151
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SANTA ROSA BEACH, FL.	City & State SANTA ROSA BEACH, FL.
Zip 32459	Country USA
Zip 32459	Country USA

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01242006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3041902	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HESS, BRIAN D. 9108 FRONT BEACH RD. PANAMA CITY BCH., FL 32408	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDANIEL, ROBIN 9722-B FRONT BEACH RD. PANAMA CITY BCH., FL 32407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCDANIEL, MILDRED 9722-B FRONT BEACH RD. PANAMA CITY BCH., FL 32407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Robin McDaniel - ROBIN MCDANIEL **1/26/06** **850-534-4140**

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