

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # V04903 1. Entity Name CRIS A'MOR, INC.																													
Principal Place of Business 132 CENTENNIAL COURT DEERFIELD BCH FL 33442 US			Mailing Address 132 CENTENNIAL COURT DEERFIELD BCH FL 33442 US																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																										
6. Name and Address of Current Registered Agent ARMOUR, CHRISTINE D. 132 CENTENNIAL CT. DEERFIELD BCH FL 33442				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.																													
SIGNATURE _____ <small>Signature, typed in printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Trust Fund Contribution. <input type="checkbox"/> Added to Fee																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ARMOUR, CHRISTINE D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>132 CENTENNIAL CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>DEERFIELD BCH FL 33442</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	ARMOUR, CHRISTINE D		STREET ADDRESS	132 CENTENNIAL CT		CITY-ST-ZIP	DEERFIELD BCH FL 33442		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>U00000473764</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>03/31/06-80029-023 150.00</td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME			STREET ADDRESS	U00000473764		CITY-ST-ZIP	03/31/06-80029-023 150.00	
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12. I hereby certify that the information supplied with this filing 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 an other like empowered.

SIGNATURE: *Christie Armour* 3/14/06 **Cell 954-592-326**
954-426-3041