2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2005 08:00 AM Secretary of State DOCUMENT # V17191 1. Entity Name CRYSTAL CLEAR PRODUCTIONS, INC. Principal Place of Business Mailing Address 6217 NW 23RD RD 6217 NW 23RD RD BOCA RATON, FL 33434 BOCA RATON, FL 33434 04182005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 22-3019074 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent AUGUSTUS, GARY DO NOT WRITE 6217 NW 23RD DR BOCA RATON, FL 33434 IN THIS SPACE 8. The above named entity submits this statement for the purpose of chaffging 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 Signalure Typed or printed name of regrational agent and life if applicable (NCTE, Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution, Added to Fees 10, PSD TITLE AUGUSTUS, GARY NALIF STREET ADDRESS 6217 NW 23RD DR CITY ST ZIP BOCA RATON, FL 33434 U00000331993 26705-80041-007 150.00 TITLE NAME STREET ADDRESS CITY-ST 718 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST ZIP TITLE NAME STREET ADDRESS CITY-ST ZIP ппя NAME STREET ADDRESS CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-05 561-483-9214

FILED