2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: 从

Apr 21, 2005 08:00 AM Secretary of State DOCUMENT # V51945 1. Entity Name **CGR CORPORATION OF CENTRAL FLORIDA** Mailing Address Principal Place of Business 124 FAULKNER STREET 124 FAULKNER STREET NEW SMYRNA BCH, FL 32168 NEW SMYRNA BCH, FL 32168 03042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3200850 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HALL, MARK R DO NOT WRITE 124 FAULKNER STREET NEW SMYRNA BCH, FL 32168 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be U00000320223 Trust Fund Contribution. Added to Fees 04/21/05-80028-016 OFFICERS AND DIRECTORS 10. TITLE TRETTI, GIANCARLO NAME 124 FAULKNER STREET STREET ADDRESS NEW SMYRNA BEACH, FL 32168 CLTY-ST-ZIP TITLE TRETTI, GIANCARLO NAME STREET ADDRESS 124 FAULKNER STREET NEW SMYRNA BEACH, FL 32168 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE 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 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 eath; 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #