

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G74080

Entity Name: TOM BECRAFT, INC.

FILED
Mar 21, 2006
Secretary of State

Current Principal Place of Business:

917 NW 31 AVE
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

PO BOX 667306
POMPANO BEACH, FL 330667306

New Mailing Address:

FEI Number: 59-2382867 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECRAFT, THOMAS E.
917 NW 31 AVE
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BECRAFT, MARSHA,
Address: 2415 SW 35 AVE
City-St-Zip: DELRAY, FL 33445

Title: VD () Delete
Name: BECRAFT, THOMAS,
Address: 2415 SW 35 AVE
City-St-Zip: DELRAY, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARSHA BECRAFT

PD

03/21/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date