

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000123620

Entity Name: PLAYTIME CRAFTS, INC.

FILED  
Apr 27, 2005  
Secretary of State

**Current Principal Place of Business:**

313 SPIDERLILLY LANE  
NAPLES, FL 34119 US

**New Principal Place of Business:**

313 SPIDER LILY LANE  
NAPLES, FL 34119 US

**Current Mailing Address:**

313 SPIDERLILLY LANE  
NAPLES, FL 34119 US

**New Mailing Address:**

313 SPIDER LILY LANE  
NAPLES, FL 34119 US

FEI Number: 20-1570845

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NAPLES-LAWDOCK, INC.  
1395 PANTHER LANE  
SUITE 300  
NAPLES, FL 34109 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: D/P ( ) Delete  
Name: IDAPSE, FRANK  
Address: 313 SPIDERLILLY LANE  
City-St-Zip: NAPLES, FL 34119 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D/P (X) Change ( ) Addition  
Name: IDAPSE, FRANK  
Address: 313 SPIDER LILY LANE  
City-St-Zip: NAPLES, FL 34119 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FRANK IDASPE

D/P

04/27/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date