

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90056 015 \*\*\*150.00

<b>DOCUMENT # P03000032607</b> 1. Entity Name <b>3R CRAFT INC.</b>																															
Principal Place of Business <b>P O BOX 570254</b> <b>ORLANDO, FL 32857</b>		Mailing Address <b>P O BOX 570254</b> <b>ORLANDO, FL 32857</b>																													
2. Principal Place of Business <b>4641 SUNSAIL CIR</b> Suite, Apt. #, etc.		3. Mailing Address <b>→ SAME</b> Suite, Apt. #, etc.																													
City & State <b>DESTIN, FL</b> Zip <b>32541</b>		City & State  Zip  Country																													
4. FEI Number <b>03-0511240</b>		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																													
6. Name and Address of Current Registered Agent  <b>VEVERKA, MILOSLAV</b> <b>3730 CONDEL DRIVE</b> <b>ORLANDO, FL 32812</b>		7. Name and Address of New Registered Agent Name <b>MILOSLAV VEVERKA</b> Street Address (P.O. Box Number is Not Acceptable) <b>4641 SUNSAIL CIR</b> City <b>DESTIN</b> <b>FL</b> Zip Code <b>32541</b>																													
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  DATE <b>02/10/06</b> <small>Signature typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reappointing)</small>																															
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>P</b>  <b>VEVERKA, MILOSLAV</b>  <b>P O BOX 570254 RD, #107</b>  <b>ORLANDO, FL 32857</b> </td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>VEVERKA, MILOSLAV</b> <b>P O BOX 570254 RD, #107</b> <b>ORLANDO, FL 32857</b>		<input type="checkbox"/> Delete											11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>President</b>  <b>MILOSLAV VEVERKA</b>  <b>4641 SUNSAIL CIR.</b>  <b>DESTIN, FL 32541</b> </td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>MILOSLAV VEVERKA</b> <b>4641 SUNSAIL CIR.</b> <b>DESTIN, FL 32541</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition										
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE <b>02/10/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																															

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01082006 Chg-P CR2E034 (11/05)



ATTACHMENT  
66806681

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2006

3R CRAFT INC.  
4641 SUNSAIL CIR  
DESTIN, FL 32541

Subject: 3R CRAFT INC.

Reference Number: P03000032607

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each officer/director listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION