


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # 562806 1. Entity Name CRACON, INC.	
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Principal Place of Business 2501 NE 22 TERRACE FORT LAUDERDALE, FL 33305	Mailing Address 14797 PEACE RIVER WAY PALM BEACH GARDENS, FL 33418 US
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01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1819507	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

STEINHART, CRAIG
 2501 NE 22 TERRACE
 FORT LAUDERDALE, FL 33305

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000809540
 02/08/08-80024-016 150.00

10. OFFICERS AND DIRECTORS

TITLE P	NAME STEINHART, CRAIG J	STREET ADDRESS 2501 N.E. 22ND TERRACE	CITY-ST-ZIP FT. LAUDERDALE, FL 33305
TITLE ST	NAME STEINHART, CONRAD K.	STREET ADDRESS 14797 PEACE RIVER WAY	CITY-ST-ZIP PALM BEACH GARDENS, FL 32418
TITLE V	NAME WILKES, JODY	STREET ADDRESS 6760 YOUNGMAN ROAD	CITY-ST-ZIP GREENVILLE, MI 48838
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

DO NOT WRITE IN THIS SPACE

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 empowers.

SIGNATURE:  DATE: 1/23/08 DAYTIME PHONE #: 91-253-8890