

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 816756

FILED
Apr 20, 2004
Secretary of State

Entity Name: RIBBON CRAFTERS, INC.

Current Principal Place of Business:

2070 CALUMET ST.
P.O. BOX 4868
CLEARWATER FLA, 33765 US

New Principal Place of Business:

2070 CALUMET ST.
P.O. BOX 4868
CLEARWATER, FL 33758 US

Current Mailing Address:

2070 CALUMET ST.
P.O. BOX 4868
CLEARWATER FLA, FL 33765 US

New Mailing Address:

FEI Number: 59-1004023 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOULAH, JAMES P.
9902 SADDLE RD.
TAMPA, FL 33626

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 () Delete
Name: BEAUDINE, EVA,
Address: 90 GRETCHERS CT.
City-St-Zip: OLDSMAR FL,

Title: D () Delete
Name: GOULAH, NANCY,
Address: 9902 SADDLE ROAD
City-St-Zip: TAMPA, FL

Title: PD () Delete
Name: GOULAH, JAMES,
Address: 9902 SADDLE ROAD
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BEAUDINE, EVA,
Address: 90 GRETCHEN CT.
City-St-Zip: OLDSMAR, FL 34677 US

Title: D (X) Change () Addition
Name: GOULAH, NANCY,
Address: 9902 SADDLE ROAD
City-St-Zip: TAMPA, FL 33626 US

Title: PD (X) Change () Addition
Name: GOULAH, JAMES,
Address: 9902 SADDLE ROAD
City-St-Zip: TAMPA, FL 33626 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: JAMES P. GOULAH

PRES

04/20/2004

Electronic Signature of Signing Officer or Director

_____ Date