2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002287

Entity Name: BUILDING CRAFTS, INC.

FILED Feb 16, 2009 Secretary of State

Entity Nai	me: BUILDING	GCRAFTS, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
2 ROSEW WILDER, I	OOD DRIVE KY 41076				
Current Mailing Address:			New Mailing Address:		
PO BOX 2 HIGHLANI	86 D HEIGHTS, FI	L 41076			
FEI Number	: 61-0841241	FEI Number Applied For ()	FEI Number Not Appl	licable ()	Certificate of Status Desired ()
Name and	Address of C	Surrent Registered Agent:	Name and	Address of	New Registered Agent:
1201 HAYS TALLAHAS The above in the State	e of Florida.	012525 US	ourpose of changing i	ts registered	d office or registered agent, or both,
SIGNATUI		ic Signature of Registered Ag	ont		 Date
Election Car		g Trust Fund Contribution ().	ent		Date
	S AND DIREC	. , ,	ADDITION	IS/CHANGE	S TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:		Delete TIN JR OOD DR	Title: Name: Address: City-St-Zip:		()Change ()Addition
Title: Name: Address: City-St-Zip:	DP () ZALLA, RICHAF 7824 CAMPS E BURLINGTON,	RNST RD	Title: Name: Address: City-St-Zip:	ZALLA, JOHN	CREEK DRIVE
Title: Name: Address: City-St-Zip:	V () ZALLA, JOHN 3530 MISTY CF ERLANGER, KY		Title: Name: Address: City-St-Zip:	MILLER, BRA 5267 WEATH	(X) Change () Addition ADLEY T HERWOOD DRIVE VN, OH 45042
Title: Name: Address: City-St-Zip:	V () GEIMAN, DARR 553 POOLES C COLD SPRING	REEK RD	Title: Name: Address: City-St-Zip:	GEIMAN, DA 553 POOLES	
Title: Name: Address: City-St-Zip:	DST (X) SHERWOOD, k 258 RIDGEPOI COLD SPRING	NTE DRIVE	Title: Name: Address: City-St-Zip:		() Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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: JOHN ZALLA DP 02/16/2009