

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G73465

FILED
Apr 04, 2005
Secretary of State

Entity Name: THE HANDCRAFT EXCHANGE, INC.

Current Principal Place of Business:

% PAULA KOSSEFF
1835 SW 101 AVE
DAVIE, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

% PAULA KOSSEFF
1835 SW 101 AVE
DAVIE, FL 33324 US

New Mailing Address:

FEI Number: 59-2418538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOSSEFF, PAULA
1835 SW 101 AVE
DAVIE, FL 33324 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: PD () Delete
Name: KOSSEFF, PAULA,
Address: 1835 SW 101 AVE
City-St-Zip: DAVIE, FL

Title: S () Delete
Name: KOSSEFF, LESLIE,
Address: 1835 SW 101 AVE
City-St-Zip: DAVIE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KOSSEFF, PAULA,
Address: 1835 SW 101 AVE
City-St-Zip: DAVIE, FL 33324

Title: S (X) Change () Addition
Name: KOSSEFF, LESLIE,
Address: 1835 SW 101 AVE
City-St-Zip: DAVIE, FL 33324

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: PAULA KOSSEFF

PD

04/04/2005

Electronic Signature of Signing Officer or Director

Date