

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G73465

FILED
Mar 30, 2008
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:

PAULA KOSSEFF
1835 SW 101 AVE
DAVIE, FL 33324 US

Current Mailing Address:

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

New Mailing Address:

PAULA KOSSEFF
1835 SW 101 AVE
DAVIE, FL 33324 US

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, LESLIE
Address: 1835 SW 101 AVE
City-St-Zip: DAVIE, FL 33324

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PAULA KOSSEFF

SECY

03/30/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date