2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H13370

Entity Name: ALMCRAFT, INC.

FILED Jan 28, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

1250 PALM COAST PKWY SW PALM COAST, FL 321375217 US

Current Mailing Address: New Mailing Address:

1250 PALM COAST PKWY SW PALM COAST, FL 321375217 US

FEI Number: 59-2468242 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHIUMENTO, MICHAEL D., ESQ. 4 OLD KING ROAD, NORTH, SUITE #B

PO BOX 635 PALM COAST, FL 32037 BUNNELL, FL 32110 US

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.

STEPHEN SAPIENZA

SIGNATURE: STEPHEN SAPIENZA 01/28/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

ALMBERG, JOHN, ALMBERG, JOHN H Name: Name: 23 FOLSON LANE PO BOX 817 Address: Address: City-St-Zip: PALM COAST, FL City-St-Zip: BUNNELL, FL 32110

Title: () Delete Title: VΡ () Change (X) Addition

ALMBERG, AARON F Name: Name: PO BOX 817 Address: Address: BUNNELL, FL 32110 City-St-Zip: City-St-Zip:

Title: Title: () Delete SEC () Change (X) Addition

Name: ALMBERG, BARBARA J Name: Address:

PO BOX 817 Address: City-St-Zip: City-St-Zip: BUNNELL, FL 32110

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: JOHN H. ALMBERG PD 01/28/2005