

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H22316

FILED
May 20, 2004
Secretary of State

Entity Name: ROYAL AMERICAN WALLCRAFT, INC.

Current Principal Place of Business:

501 CENTRAL AVE
CRESCENT CITY, FL 32112 US

New Principal Place of Business:

Current Mailing Address:

501 CENTRAL AVE
CRESCENT CITY, FL 32112 US

New Mailing Address:

FEI Number: 59-2510817

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENE R. BERRY
105 SILVER BEACH BLVD., RR1 BOX 860
POMONA PARTK, FL 32181 US

Name and Address of New Registered Agent:

DENE R. BERRY
105 SILVER BEACH BLVD., RR1 BOX 860
POMONA PART, FL 32181 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.

SIGNATURE:

05/20/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BERRY, DENE R
Address: 105 SILVER BEACH BLVD
City-St-Zip: POMONA PARK, FL 32181

Title: SD () Delete
Name: WILSHIRE, GLENNIS M
Address: 105 SILVER BEACH BLVD
City-St-Zip: POMONA PARK, FL

Title: VD () Delete
Name: BERRY, DENE R
Address: 105 SILVER BEACH BLVD
City-St-Zip: POMNOA PARK, FL

Title: D () Delete
Name: CORMAN, ROBERT J
Address: 515 SOUTH INDIAN RIVER DR.
City-St-Zip: FT. PIERCE, FL 34950

Title: D () Delete
Name: HANSON, PETER
Address: 1 HILLSIDE DR.
City-St-Zip: CLECKHEATON, W YORKS ENGLAND,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BERRY, DENE R MR
Address: 105 SILVER BEACH BLVD
City-St-Zip: POMONA PARK, FL 32181

Title: SD (X) Change () Addition
Name: WILSHIRE, GLENNIS M MRS
Address: 105 SILVER BEACH BLVD
City-St-Zip: POMONA PARK, FL

Title: VD (X) Change () Addition
Name: BERRY, DENE R MR
Address: 105 SILVER BEACH BLVD
City-St-Zip: POMNOA PARK, FL

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 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: DENE R. BERRY

P

05/20/2004

Electronic Signature of Signing Officer or Director

Date