

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J87037

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: CRAFT CONCEPTS, INC.

## Current Principal Place of Business:

3178 REGATTA  
SARASOTA, FL 34231 US

## New Principal Place of Business:

3178 REGATTA CIRCLE  
SARASOTA, FL 34231 US

## Current Mailing Address:

3178 REGATTA CIR  
SARASOTA, FL 34231 US

## New Mailing Address:

3178 REGATTA CIRCLE  
SARASOTA, FL 34231 US

FEI Number: 65-0004629

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANDERSON, PHYLLIS  
3178 REGATTA CIR  
SARASOTA, FL 34231 US

## Name and Address of New Registered Agent:

ANDERSON, PHYLLIS  
3178 REGATTA CIRCLE  
SARASOTA, FL 34231 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: PHYLLIS ANDERSON

04/15/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ANDERSON, PHYLLIS M.  
Address: 3178 REGATTA CIR  
City-St-Zip: SARASOTA, FL

Title: VPD ( ) Delete  
Name: DUPONT, DIANE  
Address: 315 PALMETTO RD  
City-St-Zip: NOKOMIS, FL 34275

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ANDERSON, PHYLLIS M.  
Address: 3178 REGATTA CIR  
City-St-Zip: SARASOTA, FL 34231 US

Title: VPD (X) Change ( ) Addition  
Name: DUPONT, DIANE  
Address: 315 PALMETTO RD W.  
City-St-Zip: NOKOMIS, FL 34275

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: PHYLLIS ANDERSON

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date