

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K41314

FILED
Apr 01, 2005
Secretary of State

Entity Name: CRAIG DRUCKER & ASSOCIATES, INC.

Current Principal Place of Business:

736 SW 158 TERR
SUNRISE, FL 33326 US

New Principal Place of Business:

Current Mailing Address:

1304 SW 160TH AVE.
#112
SUNRISE, FL 33326

New Mailing Address:

FEI Number: 65-0077388 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRUCKER, CRAIG F.
736 SW 158TH TERR.
SUNRISE, FL 33326 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: D () Delete
Name: DRUCKER, CRAIG F.,
Address: 736 SW 158TH TERR.
City-St-Zip: SUNRISE, FL

Title: D () Delete
Name: DRUCKER, KIM,
Address: 736 SW 158TH TERR.
City-St-Zip: SUNRISE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DRUCKER, CRAIG F.,
Address: 736 SW 158TH TERR.
City-St-Zip: SUNRISE, FL 33326

Title: D (X) Change () Addition
Name: DRUCKER, KIM,
Address: 736 SW 158TH TERR.
City-St-Zip: SUNRISE, FL 33326

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: CRAIG F. DRUCKER

D

04/01/2005

Electronic Signature of Signing Officer or Director

_____ Date