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Secretary of State
04-30-2007 90079 028 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000054423

1. Entity Name
INNOVATIVE CRAFTS LLC

30010052

01142007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
75 NIGHTINGALE LANE #207 GULF BREEZE, FL 32561	75 NIGHTINGALE LANE #207 GULF BREEZE, FL 32561

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
INNOVATIVE CRAFTS LLC	INNOVATIVE CRAFTS LLC
Suite, Apt. #, etc.: 1016 STERLING POINT PL	Suite, Apt. #, etc.: 1016 STERLING POINT PL
City & State: GULF BREEZE FL	City & State: GULF BREEZE - FL
Zip: 32563 Country: USA	Zip: 32563 Country: USA

4. FEI Number: 134333264. ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PATLOLLA NANDYALA, SHARADA R
75 NIGHTINGALE LANE #207
GULF BREEZE, FL 32561

7. Name and Address of New Registered Agent

Name: SHARADA R. NANDYALA
Street Address (P.O. Box Number is Not Acceptable): 1016 STERLING POINT PL
City: GULF BREEZE FL Zip Code: 32563

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Sharada 04/25/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PATLOLLA NANDYALA, SHARADA R 75 NIGHTINGALE LANE #207 GULF BREEZE, FL 32561	☐ Delete	MGR NANDYALA. SHARADA 1016 STERLING POINT PL GULF BREEZE - FL- 32563	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JINDAL, AJAY K 5272 S HIGHWAY 87 MILTON, FL 32583	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Sharada 4/25/07 850-934-3808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #