## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L36157

FILED Jan 15, 2009 Secretary of State

Entity Name: ASSOCIATED CRAFTSMEN OF AMERICA, INC.

Current Principal Place of Business:			siness:	New Principal Place	New Principal Place of Business:	
3625 W BF 200A	ROWARD BLVI	)				
	RDALE, FL 33	312	US			
Current M	ailing Addres	s:		New Mailing Addres	ss:	
	ROWARD BLVI	)				
200A FT LAUDE	RDALE, FL 33	312	US			
El Number:	: 59-2984798	FEIN	umber Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
PLANTATI The above	RE DRIVE ON, FL 33317 named entity s			ourpose of changing its registere	ed office or registered agent, or both,	
225 E. ACI PLANTATI The above n the State	RE DRIVE ON, FL 33317 named entity s e of Florida.			ourpose of changing its registere	ed office or registered agent, or both,	
225 E. AĆI PLANTATI The above	RE DRIVE ON, FL 33317  named entity se of Florida.  RE:	ubmits			ed office or registered agent, or both,  Date	
225 E. AÖI PLANTATI The above n the State BIGNATUF	RE DRIVE ON, FL 33317  named entity set of Florida.  RE:  Electron	ubmits ic Sign	this statement for the p			
225 E. ACI PLANTATI The above n the State BIGNATUF	RE DRIVE ON, FL 33317  named entity set of Florida.  RE:  Electron	ubmits ic Sign	this statement for the particles that the particles at the statement for the statement for the particles at the statement for the particles at the statement for the stateme	ent		
225 E. ACI PLANTATI The above n the State BIGNATUF	RE DRIVE ON, FL 33317  named entity set of Florida.  RE: Electron  mpaign Financing  S AND DIRECT	ic Sign  Trust I  TORS:  Delete Y E E DRIVE	ature of Registered Ag	ent	Date	

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: NANCY BURLEY PDS 01/15/2009