


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L90714**  
 1. Entity Name  
**ARTISAN WOODCRAFT, INC.**



Principal Place of Business      Mailing Address  
**1255 S MILITARY TRAIL**      **1255 S MILITARY TRAIL**  
**SUITE 200**      **SUITE 200**  
**DEERFIELD BCH, FL 33442 US**      **DEERFIELD BCH, FL 33442 US**

**DO NOT WRITE IN THIS SPACE**



01042006      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
**65-0218609**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WALDMAN, ANA MARIA**  
**1255 S MILITARY TRAIL**  
**SUITE 200**  
**DEERFIELD BCH, FL 33442**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

U00000501503  
 04/25/06-80061-017 158.75

10. OFFICERS AND DIRECTORS

TITLE	VT
NAME	WALDMAN, ANDREW C.
STREET ADDRESS	1255 S MILITARY TRAIL, SUITE 200
CITY-ST-ZIP	DEERFIELD BCH, FL 33442
TITLE	PDS
NAME	WALDMAN, ANA MARIA
STREET ADDRESS	1255 S MILITARY TRAIL, SUITE 200
CITY-ST-ZIP	DEERFIELD BCH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** AWaldman, Pres. A.M. Waldman, Pres.      04/01/06 (954) 426-2600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #