


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L90714</b> 1. Entity Name ARTISAN WOODCRAFT, INC.	
---	---

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

**DO NOT WRITE IN THIS SPACE**



03292007 No Chg-P CR2E034 (11/05)

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

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
--	--

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000729889 05/08/07-80050-019 158.75
---	---	--

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

**DO NOT WRITE  
IN THIS SPACE**

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:** AM Waldman, Pres. 04/20/07 (954) 426-2800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #