


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 21, 2008 8:00 am**  
**Secretary of State**

08-21-2008 90001 016 \*\*\*\*70.00

<b>DOCUMENT # N07000002178</b>					
<b>1. Entity Name</b> THE CRAFT NETWORK, INC.					
<b>Principal Place of Business</b> 8297 CHAMPIONS GATE BLVD. #317 CHAMPIONS GATE, FL 33896			<b>Mailing Address</b> 8297 CHAMPIONS GATE BLVD. #317 CHAMPIONS GATE, FL 33896		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b>	
				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAKS BLVD SUITE A-100 TAMPA, FL 33612-3425			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> GRIMES-HARDIE, BARRY 8297 CHAMPIONS GATE BLVD. #317 CHAMPIONS GATE, FL 33896		<input type="checkbox"/> Delete		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> GRIMES-HARDIE, NELIE 8297 CHAMPIONS GATE BLVD. #317 CHAMPIONS GATE, FL 33896		<input type="checkbox"/> Delete		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> LING, MAY C 8297 CHAMPIONS GATE BLVD. #317 CHAMPIONS GATE, FL 33896		<input type="checkbox"/> Delete		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete		
<b>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 617, 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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8/18/08 <small>Date</small>		
			813-408-8540 <small>Daytime Phone #</small>		