2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000049477

Entity Name: ALL CRAFTSMEN ENTERPRISES INC.

FILED Jul 19, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4066 ARROWHEAD AVE. 24205 CORTEZ BLVD.

SPRING HILL, FL 34606 US BROOKSVILLE, FL 34601 US

Current Mailing Address: New Mailing Address:

4066 ARROWHEAD AVE. 24205 CORTEZ BLVD

SPRING HILL, FL 34606 US BROOKSVILLE, FL 34601 US

FEI Number: 59-3646648 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

MAHAN, GLENNSON A MOORE, LYNNANN N 24205 CORTEZ BLVD 4066 ARROWHEAD AVE. US

SPRING HILL, FL 34606 US BROOKSVILLE, FL 34601

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.

SIGNATURE: LYNNANN MOORE 07/19/2006

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: **PCFO** () Delete Title: PCFO. (X) Change () Addition MAHAN, ROBERT G MAHAN, ROBERT G Name: Name: 4066 ARROWHEAD AVE. 24205 CORTEZ BLVD. Address: Address:

City-St-Zip: SPRING HILL, FL 34606 City-St-Zip: BROOKSVILLE, FL 34601

VΡ Title: VΡ (X) Change () Addition Title: () Delete Name: MAHAN, GLENNSON A Name: MOORE, LYNNANN N 4066 ARROWHEAD AVE 24205 CORTEZ BLVD Address: Address:

SPRING HILL, FL 34606 BROOKSVILLE, FL 34601 City-St-Zip: City-St-Zip: Title: Title: FRO () Delete FRO (X) Change () Addition

MAHAN, GLENNSON A Name: MOORE, LYNNANN N Name: 4066 ARROWHEAD AVE. 24205 CORTEZ BLVD. Address: Address: City-St-Zip: SPRING HILL, FL 34606 City-St-Zip: BROOKSVILLE, FL 34601

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT G. MAHAN **PCEO** 07/19/2006