

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000084435

Entity Name: CREATIVE CRAFTS, INC.

**FILED**  
**Jul 28, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

318 PINEHURST CIRCLE  
NAPLES, FL 34113

**New Principal Place of Business:**

**Current Mailing Address:**

318 PINEHURST CIRCLE  
NAPLES, FL 34113

**New Mailing Address:**

FEI Number: 65-1037792

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUCHMAN, WALTER  
318 PINEHURST CIRCLE  
NAPLES, FL 34113 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete  
Name: BUCHMAN, DAVID M  
Address: 2976 47TH SW  
City-St-Zip: NAPLES, FL 34116

Title: TD (X) Delete  
Name: BUCHMAN, WALTER  
Address: 318 PINEHURST CIRCLE  
City-St-Zip: NAPLES, FL 34113

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSDT (X) Change ( ) Addition  
Name: BUCHMAN, WALTER M  
Address: 318 PINEHURST CIRCLE  
City-St-Zip: NAPLES, FL 34113

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WALTER BUCHMAN

PRES

07/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date