

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90122 043 ***150.00

DOCUMENT # P02000049233					
1. Entity Name CRAFTMASTER INTERIORS, INC.					
Principal Place of Business 1175 N.W. 123RD PLACE UNIT 210 MIAMI, FL 33182			Mailing Address 1175 N.W. 123RD PLACE UNIT 210 MIAMI, FL 33182		
2. Principal Place of Business 1175 NW 123 PLACE Suite, Apt. #, etc. UNIT 210 City & State Miami, Florida Zip 33182 Country DADE		3. Mailing Address 1175 N.W. 123 PLACE Suite, Apt. #, etc. UNIT 210 City & State Miami, Fla. Zip 33182 Country DADE			
4. FEI Number 03-0446641		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRAY, JAMES R JR. 1175 N.W. 123RD PLACE UNIT 210 MIAMI, FL 33182			7. Name and Address of New Registered Agent Name: (SAME) JAMES R JR BRAY Street Address (P.O. Box Number is Not Acceptable): 1175 NW 123 PL. City: Miami FL Zip Code: 33182		
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: <u>X James R. Bray</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME BRAY, JAMES R STREET ADDRESS 1175 NW 123 PLACE UNIT 210 CITY-ST-ZIP MIAMI, FL 33182	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME BRAY, ANITA LOUISE STREET ADDRESS 1175 NW 123 PLACE UNIT 210 CITY-ST-ZIP MIAMI, FL 33182	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>X James R. Bray</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>April 19/06</u> Daytime Phone #: _____		