

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000023674

FILED
Apr 26, 2006
Secretary of State

Entity Name: EUROCRAFT HOME IMPROVEMENTS, INC

Current Principal Place of Business:

5489 BERRY BLOSSOM WAY EAST
WEST PALM BEACH, FL 334154444

New Principal Place of Business:

Current Mailing Address:

5489 BERRY BLOSSOM WAY EAST
WEST PALM BEACH, FL 334154444

New Mailing Address:

FEI Number: 11-3652151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CSAKANYOS, ATTILA
5489 BERRY BLOSSOM WAY EAST
WEST PALM BEACH, FL 33415 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CSAKANYOS, ATTILA
Address: 5489 BERRY BLOSSOM WAY EAST
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D () Delete
Name: LANTOS, KRISZTIAN
Address: 5489 BERRY BLOSSOM WAY EAST
City-St-Zip: WEST PALM BEACH, FL 33415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ATTILA CSAKANYOS

PRES

04/26/2006

Electronic Signature of Signing Officer or Director

Date