2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 16, 2007 08:00 AM Secretary of State DOCUMENT # P03000058898 EXHIBIT CRAFT, INC. Principal Place of Business Mailing Address 2061 SW 31 AVENUE 2061 SW 31 AVENUE PEMBROKE PARK, FL 33009 PEMBROKE PARK, FL 33009 No Chg-P CR2E034 (11/05) 04122007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 01-0792328 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 化医电子分析 网络爱尼维斯德国爱尼维斯 WEINBERG, ERIC J DO NOT WRITE **2061 SW 31 AVENUE** PEMBROKE PARK, FL 33009 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 U00000710049 Trust Fund Contribution. Added to Fees 04/25/07-80027-018 150.00 10. OFFICERS AND DIRECTORS PRES TITLE WEINBERG, ERIC J NAME STREET ADDRESS 2061 SW 31 AVENUE PEMBROKE PARK, FL 330095148 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 reports 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:

NAME STREET ADDRESS CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/12/07

Daytime Phone #

FILED