

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000122886

FILED
Mar 19, 2006
Secretary of State

Entity Name: CRAIG HOLDINGS INCORPORATED

Current Principal Place of Business:

1508 EAGLE NEST CIRCLE
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

2200 WINTER SPRINGS BLVD.
SUITE 106 PMB 334
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 20-1552165 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAIG, PHILIP J
1508 EAGLE NEST CIRCLE
WINTER SPRINGS, FL 32708 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: C/D () Delete
Name: CRAIG, PHILIP J
Address: 1508 EAGLE NEST CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: P/D () Delete
Name: CRAIG, SHAWN P
Address: 965 WINDSONG CIRCLE
City-St-Zip: APOPKA, FL 32703

Title: V/D () Delete
Name: CRAIG, MICHAEL J
Address: 1508 EAGLE NEST CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: T/D () Delete
Name: CRAIG, BESA H
Address: 1508 EAGLE NEST CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: CRAIG, SHANNON B
Address: 1508 EAGLE NEST CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: V/D (X) Change () Addition
Name: CRAIG, MICHAEL J
Address: 965 WINDSONG CIRCLE
City-St-Zip: APOPKA, FL 32703

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

Title: V/D (X) Change () Addition
Name: CRAIG, SHANNON B
Address: 1508 EAGLE NEST CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

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: PHILIP J. CRAIG

C/D

03/19/2006

Electronic Signature of Signing Officer or Director

_____ Date