
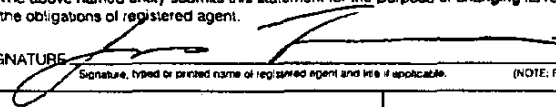
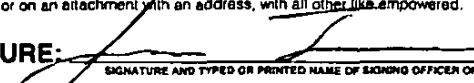


FILED
Jul 19, 2005 8:00 am
Secretary of State

06-29-2005 90003 016 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000147558			
1. Entity Name ALBUM CRAFTERS, INC.			
Principal Place of Business 2693 W. 76TH STREET HIALEAH, FL 33076		Mailing Address 2693 W. 76TH STREET HIALEAH, FL 33076	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1804631		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TERRONES, JESUS 2693 W. 76TH STREET HIALEAH, FL 33076		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:  (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	DPST TERRONES, JESUS 2693 W. 76TH STREET HIALEAH, FL 33076 <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	DVP SOFFIAN, ANDY 2693 W. 76TH STREET HIALEAH, FL 33076 <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
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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 exemption stated in Section 119.07(3)(i), 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: 		305-826-8600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

MARKROB ACCOUNTING SERVICE, INC.

ATTACHMENT
66024804

PO BOX 771210

CORAL SPRINGS, FL. 33077-1210

954.346.7288-BROWARD 954.346.7217-FAX

954.434.5996-S.BROWARD 305.621.9382-DADE

07/15/05

Florida Dept of State
Annual Reports Filings
Division of Corporations
PO BOX 6327
Tallahassee, Fl. 32314

Re: Corporate Renewals

Album Crafters, Inc.
P04000147558

To Whom It May Concern:

We are requesting acceptance of the enclosed filing for the 2005 Uniform Business report for our client Album Crafters, Inc.

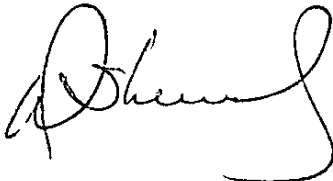
While in our office we determined the client had not filed his 2005 corporate renewal, the client advised us that he had not received any notification from the state and could we assist him with the renewal.

We therefore printed a new UBR report and determined that under FS 607.193(2)(b), since the client had not received notification the penalty can be waived.

We therefore request acceptance of the 2005 UBR as filed and to waive any penalty.

Should you have any questions, please feel free to contact the client.

Thank you,
Sincerely,



David Hernandez