

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000062837

Entity Name: NEWCRAFTER, INC.

FILED  
Jan 17, 2009  
Secretary of State

## Current Principal Place of Business:

21820 SHAMU DR.  
LAND O LAKES, FL 34639

## New Principal Place of Business:

21344 DIAMONTE DR  
LAND O LAKES, FL 34637

## Current Mailing Address:

P.O. BOX 1500  
LAND O LAKES, FL 34639

## New Mailing Address:

21344 DIAMONTE DR  
LAND O LAKES, FL 34637

FEI Number: 20-2859605

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BRAY, JOHN  
21820 SHAMU DR  
LAND O LAKES, FL 34639 US

## Name and Address of New Registered Agent:

BRAY, JOHN  
21344 DIAMONTE DR  
LAND O LAKES, FL 34637 US

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:

01/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: BRAY, JOHN  
Address: 21820 SHAMU DR.  
City-St-Zip: LAND O LAKES, FL 34639

Title: SECT ( ) Delete  
Name: BRAY, DEBORAH  
Address: 21820 SHAMU DR  
City-St-Zip: LAND O LAKES, FL 34639

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: BRAY, JOHN  
Address: 21344 DIAMONTE DR.  
City-St-Zip: LAND O LAKES, FL 34637

Title: SECT (X) Change ( ) Addition  
Name: BRAY, DEBORAH  
Address: 21344 DIAMONTE DR  
City-St-Zip: LAND O LAKES, FL 34637

I hereby certify that the information supplied with this filing does not qualify 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: JOHN BRAY

PRES

01/17/2009

Electronic Signature of Signing Officer or Director

Date