


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 06, 2006 8:00 am**  
**Secretary of State**

09-06-2006 90034 033 \*\*\*550.00

<b>DOCUMENT # P05000070360</b>			
1. Entity Name <b>INTERIOR CREATIONS BY CRAIG INC</b>			
Principal Place of Business <b>% CRAIG MASSE 256 SW RIDGECREST DRIVE PORT ST LUCIE FL 34953</b>		Mailing Address <b>% CRAIG MASSE 256 SW RIDGECREST DRIVE PORT ST LUCIE FL 34953</b>	
2. Principal Place of Business <b>256 SW Ridgcrest Dr.</b>		3. Mailing Address <b>256 SW Ridgcrest Dr.</b>	
Suite, Apt. #, etc. <b>same</b>		Suite, Apt. #, etc. <b>same</b>	
City & State <b>Port St. Lucie Fla</b>		City & State <b>P. St. Lucie Fla</b>	
Zip <b>34953</b>	Country <b>USA</b>	Zip <b>34953</b>	Country <b>USA</b>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	



2nd MOORE CR2E034 (4/06)

<b>MASSE, CRAIG</b> <b>256 SW RIDGECREST DRIVE</b> <b>PORT ST LUCIE FL 34953</b>		Name <b>Interior Creations By Craig INC</b> Street Address (P.O. Box Number is Not Acceptable) <b>256 SW Ridgcrest Dr.</b> City <b>P. St. Lucie</b>	
		FL Zip Code <b>34953</b>	

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 Craig Masse Pres DATE 9/1/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 6, 2006</b> <b>Make Check Payable to Florida Department of State</b>	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>D</b> <b>MASSE, CRAIG</b> <b>256 SW RIDGECREST DRIVE</b> <b>PORT ST LUCIE FL 34953</b>	<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 exemptions contained 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 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: Craig Masse Craig Masse 9/1/06 772-343-8026  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #