



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 09, 2006 8:00 am**  
**Secretary of State**

08-09-2006 90013 025 \*\*\*550.00

<b>DOCUMENT # P05000125658</b>					
<b>1. Entity Name</b> TOWNECRAFT S.F. CORP					
<b>Principal Place of Business</b> 9861 W. SAMPLE RD # 277 CORAL SPRINGS, FL 33065			<b>Mailing Address</b> 9861 W. SAMPLE RD # 277 CORAL SPRINGS, FL 33065		
<b>2. Principal Place of Business</b> 8595 Collier Blv. Suite, Apt. #, etc. 107 #37.		<b>3. Mailing Address</b> 8595 Collier Blv. Suite, Apt. #, etc. 107 #37.			
<b>City &amp; State</b> Naples FL.		<b>City &amp; State</b> Naples FL.		<b>4. FEI Number</b> 20 3471713	
<b>Zip</b> 34114		<b>Country</b> USA.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ACCOUNTING SERVICE INC 10015 TWIN LAKE DRIVE CORAL SPRINGS, FL 33071			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> GALLEG0, LUZ P 10640 NW 39 ST CORAL SPRINGS, FL 33065		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> Luz P. Gallego. 9360 mariwo cir # 305 Naples FL 34114.	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Luz P. Gallego</u>			8-04-06-239-775 4812		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		