

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000144068

1. Entity Name
FACECRAFTER, INC.



Principal Place of Business
4338 BRECKENRIDGE WAY
SARASOTA, FL 34235

Mailing Address
4338 BRECKENRIDGE WAY
SARASOTA, FL 34235

DO NOT WRITE IN THIS SPACE

**FILED
Mar 28, 2007 8:00 am
Secretary of State**

03-28-2007 90005 001 ***150.00

40040100



03082007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3637197	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

NEWDOM, JUDY
4338 BRECKENRIDGE WAY
SARASOTA, FL 34235

**DO NOT WRITE
IN THIS SPACE**

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

Judy Newdom

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/24/07

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME NEWDOM, JUDY
STREET ADDRESS 4338 BRECKENRIDGE WAY
CITY-ST-ZIP SARASOTA, FL 34235

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Judy Newdom*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/07 941-351-1333

Date

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**