2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000069177

1. Entity Name

Principal Place of Business

26650 ST RD 54

LUTZ, FL 33548

HOME CRAFT BUILDERS, INC.

US

Mailing Address

PO BOX 1598

ZEPHYRHILLS, FL 33540

ADDIKADA AID JOHN DIBIK BOHI DENG DONA DENG DUNG ADIDI JIDI IROK ADAKEDI IA IDDA

DO NOT WRITE IN THIS SPACE

01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3269139

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

FILED Apr 23, 2007 08:00 A Secretary of State

6. Name and Address of Current Registered Agent

REIBER, JOSHA I 26650 STATE RD 54 LUTZ, FL 33549

SIGNATURE:

DO NOT WRITE IN THIS SPACE

			L		
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					
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent algosture required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 * 9. Election Campaign Finan After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution.			ncing	\$5.00 May Be Added to Fees	,
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSCH, LARRY PO BOX 1598 LUTZ, FL 33549				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE			ľ	-	* * *
NAME		,			
STREET ADDRESS				DO	NOT WOITE
CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY - ST- ZIP					000000722334 05/02/07-80027-019 150.00
12. I hereby certify that the information supplied with this filling 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.					

Lexry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR