2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000095373

Entity Name: A.K. WOOD CRAFT INC.

Name:

Address: City-St-Zip: LOUKAS, GEORGE

1727 KELSO AVE.

LAKE WORTH, FL 33460

FILED Oct 22, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3821 FISCAL CT. WEST PALM BEACH, FL 33404 **Current Mailing Address: New Mailing Address:** 3550 23 AVENUE 3821 FISCAL COURT BAY 6 RIVIERA BEACH, FL 33404 US LAKE WORTH, FL 33461 US FEI Number: 65-0303393 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOUKAS, ANTONIOS 3821 FISCAL CT. RIVIERA BEACH, FL 33404 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: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition LOUKAS, ANTONIOS Name: Name: 1727 KELSO AVE Address: Address: City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: Title: Title: () Delete () Change () Addition LOUKAS, MICHAEL Name: Name: 1727 KELSO AVE Address: Address: LAKE WORTH, FL 33460 City-St-Zip: City-St-Zip: Title: CEO Title: () Delete () Change () Addition MELTINI, LOUKAS Name: Name: 1727 KELSO AVE Address: Address: City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: Title: () Delete Title: () Change () Addition LOUKAS, CHRISTOS Name: Name: Address: 4045 ARTHURIUM AVE. Address: City-St-Zip: LANTANA, FL 33462 City-St-Zip: Title: (X) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

SIGNATURE: CHRISTOS LOUKAS Τ 10/22/2004