



**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90369 028 \*\*\*150.00

|  |  |   |   |
|--|--|---|---|
| DOCUMENT # P96000054935  |  |                                    |   |
| 1. Entity Name<br>RAINTREE CRAFT & DESIGN CORP.<br><i>NEW ADDRESS</i>  |  |   |   |
| Principal Plc<br>2400 SHQ<br>A<br>TITUSVILLE   | RAINTREE CRAFT CORP.<br>3550 S. Washington Ave.<br>Suite 15 (Searstown Mall)<br>Titusville, FL 32780 | ing Address<br><del>90 S HOPKINS AVE</del><br>USVILLE, FL 32780 US  | <p>900000</p>  <p>04062006 Chg-P CR2E034 (11/05)</p> <p>4. FEI Number<br/>59-3385461 Applied For<br/>Not Applicable</p> <p>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</p> |
| 2. Principal Place of Business   |  | 3. Mailing Address  |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |
| City & State   |  | City & State  |   |
| Zip  | Country<br><b>BREVARD</b>  | Zip   | Country<br><b>BREVARD</b>   |
| 6. Name and Address of Current Registered Agent  |  | 7. Name and Address of New Registered Agent   |   |
| NANNA, DEANNE A.<br>440 S. CARPENTER RD.<br>TITUSVILLE, FL 32796   |  | Name<br><del>Street Address (P.O. Box Number is Not Acceptable)</del><br>City <b>FL</b> Zip Code                    |   |
| 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  |  | DATE  |   |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   |  |   |   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:   |   |
| TITLE  | P <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME   | NANNA, DEANNE A  | NAME  |   |
| STREET ADDRESS   | 440 S. CARPENTER RD.   | STREET ADDRESS  |   |
| CITY-ST-ZIP  | TITUSVILLE, FL   | CITY-ST-ZIP   |   |
| TITLE  | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME   | <b>PRESIDENT</b>   | NAME  |   |
| STREET ADDRESS   |  | STREET ADDRESS  |   |
| CITY-ST-ZIP  |  | CITY-ST-ZIP   |   |
| TITLE  | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME   |  | NAME  |   |
| STREET ADDRESS   |  | STREET ADDRESS  |   |
| CITY-ST-ZIP  |  | CITY-ST-ZIP   |   |
| TITLE  | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME   |  | NAME  |   |
| STREET ADDRESS   |  | STREET ADDRESS  |   |
| CITY-ST-ZIP  |  | CITY-ST-ZIP   |   |
| TITLE  | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME   |  | NAME  |   |
| STREET ADDRESS   |  | STREET ADDRESS  |   |
| CITY-ST-ZIP  |  | 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: <i>Deanne A. Nanna</i><br>DEANNE A. NANNA   |  | Date  | Daytime Phone #   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  | 4-13-06   | 321-383-1552  |