2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008
Secretary of State

DOCUMENT# P97000108299

Entity Name: THE CRAIGMORE CORPORATION

Current Principal Place of Business:

22107 MARTELLA AVE
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

GARY L SHAPIRO
PO BOX 27-3369
BOCA RATON, FL 33427

New Mailing Address:

FEI Number: 65-0801743 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCMILLEN, WILLIAM E
22107 MARTELLA AVE
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: SHAPIRO, LLOYD
Address: 40 FIELDSTONE DRIVE
City-St-Zip: SOMERVILLE, NJ 08876

Title: S ( ) Delete
Name: MCMILLEN, COLLEEN S
Address: PO BOX 24-269
City-St-Zip: CHRISTIANSTED, ST CROIX, USVI 0082

Title: VD ( ) Delete
Name: SHAPIRO, GARY L
Address: PO BOX 24-279
City-St-Zip: CHRISTIANSTED, ST CROIX, USVI 0082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: GARY SHAPIRO VD 05/09/2008

Electronic Signature of Signing Officer or Director Date