2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE: BOT NE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # S58881 FILED 1. Entity Name ACE CRAFTSMAN, INC. 08 JUN 12 PM 12: 09 JULIANT OF STATE LALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2721 N. FORSYTHE ROAD 2721 N. FORSYTHE ROAD SUITE 355 SUITE 355 WINTER PARK, FL 32792 WINTER PARK, FL 32792 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02042008 CR2E034 (12/06) Chg-P Applied For City & State City & State 4. FEI Number 59-3069921 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u>S Grass</u> BASHORE, THOMAS W Street Address P.O. Box Number is Not Acceptable 2721 N. FORSYTH ROAD N FORSYTH **STE 335** WINTER PARK, FL 32702 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 the obligations of registered ag agent and title if applicable 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTSD VP/S/D TITLE TITLE ☐ Change **★** Addition Delete BASHORE, THOMAS W. NAME NAME RODNEY S GROSS 34 W PAR STREET 3205 KNOTTY PINE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL CITY-ST-ZIP DRLANDO FL 32804 TITLE Delete TITLE ☐ Change **Addition** PIT/D DONALD GOODROE JE 2825 DERBY DRIVE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 32738 DELTONA FL 3001312823**999** 13/08--01025--004 **61 TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITL F ☐ Delete TISTE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS 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.

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