

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000108299

FILED
Apr 10, 2012
Secretary of State

Entity Name: THE CRAIGMORE CORPORATION

Current Principal Place of Business:

22107 MARTELLA AVE
BOCA RATON, FL 33433

New Principal Place of Business:

11101 S. CROWN WAY
SUITE #5
WELLINGTON, FL 33414

Current Mailing Address:

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

New Mailing Address:

11101 S. CROWN WAY
SUITE #5
WELLINGTON, FL 33414

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

OFFICERS AND DIRECTORS:

Title: VPD
Name: SHAPIRO, LLOYD
Address: 44 PINE STREET, APT 315
City-St-Zip: TINTON FALLS, NJ 07753

Title: VPD
Name: SHAPIRO, COLLEEN S
Address: 11101 S CROWN WAY, SUITE #5
City-St-Zip: WELLINGTON, FL 33414

Title: PD
Name: SHAPIRO, GARY L
Address: 11101 S CROWN WAY, SUITE #5
City-St-Zip: WELLINGTON, FL 33414

I hereby 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 all other like empowered.

SIGNATURE: COLLEEN STACY SHAPIRO

VPD

04/10/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date