A.C. Moore Arts & Crafts, Inc. Form SC 13G/A August 11, 2006 SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549 SCHEDULE 13G/A (Rule 13d-102) INFORMATION TO BE INCLUDED IN STATEMENTS FILED PURSUANT TO RULES 13d-1(b), (c), AND (d) AND AMENDMENTS THERETO FILED PURSUANT TO RULE 13d-2 (AMENDMENT NO. 2) A.C. Moore Arts & Crafts, Inc. _____ (Name of Issuer) Class A Common Stock, \$0.001 Par Value _____ (Title of Class of Securities) 00086T10A _____ _____ (CUSIP Number) 7/31/06 _____ (Date of Event Which Requires Filing of this Statement)

Check the appropriate box to designate the rule pursuant to which this Schedule is filed:

/X/ Rule 13d-1(b) / / Rule 13d-1(c) / / Rule 13d-1(d)

*The remainder of this cover page shall be filled out for a reporting person's initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter the disclosures provided in a prior cover page.

The information required in the remainder of this cover page shall not be deemed to be "filed" for the purpose of Section 18 of the Securities Exchange Act of 1934 ("Act") or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes).

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1	NAME OF REPORTING PERSONS I.R.S. IDENTIFICATION NO. OF ABOVE PERSONS (ENTITIES ONLY)				
	Massachusetts Financial Services Company ("MFS") I.R.S. Identification No.: 04-2747644				
2	CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*				
	(a) / /	(b	o) / / Not Applicable		
3	SEC USE ONLY				
4	CITIZENSHIP OR PL	ACE OF	ORGANIZATION		
	Delaware				
	NUMBER OF	5	SOLE VOTING POWER		
	SHARES		1,046,860 shares of common stock		
	BENEFICIALLY				
	OWNED BY	6	SHARED VOTING POWER		
	EACH		None		
	DEDODTINC		SOLE DISPOSITIVE POWER		
	PERSON	1	1,046,860 shares of common stock		
	WITH		1,040,000 Shales of common Scock		
		8	SHARED DISPOSITIVE POWER None		
9	AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON				
			non stock, of which shares are also beneficially non-reporting entities as well as MFS.		
10	CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*				
	Not applicable				
11	PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9				
	5.3				
12	TYPE OF REPORTING PERSON				
	IA				

SCHEDULE	13G	PAGE 3 OF 4 PAGES		
ITEM 1:	(a)	NAME OF ISSUER:		
		SEE COVER PAGE		
	(b)	ADDRESS OF ISSUER'S PRINCIPAL EXECUTIVE OFFICES:		
		130 A.C. Moore Drive Berlin, NJ 08009		
ITEM 2:	(a)	NAME OF PERSON FILING:		
		See item 1 on page 2		
	(b)	ADDRESS OF PRINCIPAL BUSINESS OFFICE OR, IF NONE, RESIDENCE:		
		500 Boylston Street Boston, MA 02116		
	(c)	CITIZENSHIP:		
		See Item 4 on page 2		
	(d)	TITLE OF CLASS OF SECURITIES:		
		See Cover Page		
	(e)	CUSIP NUMBER:		
		See Cover Page		
ITEM 3:		The person filing is an investment adviser in accordance with Rule 13d-1(b)(1)(ii)(E) $% \left(1,2,2,2,3,3,3,3,3,3,3,3,3,3,3,3,3,3,3,3,$		
ITEM 4: OWNERSHIP				
	(a)	AMOUNT BENEFICIALLY OWNED:		
		See Item 9 on page 2		
	(b)	PERCENT OF CLASS:		
		See Item 11 on page 2		

(c) NUMBER OF SHARES AS TO WHICH SUCH PERSON HAS VOTING AND DISPOSITIVE POWERS (SOLE AND SHARED):

See Items 5-8 on page 2

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ITEM 5: OWNERSHIP OF FIVE PERCENT OR LESS OF A CLASS: / /

Not applicable

- ITEM 6: OWNERSHIP OF MORE THAN FIVE PERCENT ON BEHALF OF ANOTHER PERSON: Not applicable
- ITEM 7: IDENTIFICATION AND CLASSIFICATION OF THE SUBSIDIARY WHICH ACQUIRED THE SECURITY BEING REPORTED ON BY THE PARENT HOLDING COMPANY:

Not applicable

ITEM 8: IDENTIFICATION AND CLASSIFICATION OF MEMBERS OF THE GROUP:

Not applicable

ITEM 9: NOTICE OF DISSOLUTION OF GROUP:

Not applicable

ITEM 10: CERTIFICATIONS:

By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were acquired and are held in the ordinary course of business and were not acquired and are not held for the purpose of or with the effect of changing or influencing the control of the issuer of the securities and were not acquired and are not held in connection with or as a participant in any transaction having that purpose or effect.

SIGNATURE

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

Date: August 10, 2006

Massachusetts Financial Services Company

By: /s/ JEREMY KREAM Jeremy Kream Vice President and Assistant Secretary