


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90161 042 \*\*\*\*70.00

<b>DOCUMENT # 723743</b>	
1. Entity Name LAS DAMAS DE ARTE, INC.	

Principal Place of Business P.O. BOX 14212 TAMPA, FL 33690 US	Mailing Address P.O. BOX 14212 TAMPA, FL 33690 US
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2. Principal Place of Business <i>PO Box 13988</i>	3. Mailing Address <i>PO Box 13988</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>TAMPA FL</i>	City & State <i>TAMPA FL</i>
Zip <i>33681</i>	Zip <i>33681</i>
Country	Country



03062006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent	
SILVERMAN, SCOTT T 201 EAST KENNEDY BOULEVARD SUITE 800 TAMPA, FL 33602	

4. FEI Number 59-3182355	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SELITTO, JACQUELINE 751 39TH AVE NORTH SAINT PETERSBURG, FL 33703 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RADKE, DEBRA JO 3107 EMERSON TAMPA, FL 33679 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GAVER, KATHRYN 10107 MOWRY LANE TAMPA, FL 33625 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS HARDING, CAROL 324 SEA ISLAND WAY TAMPA, FL 33602 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS MORRISON, DONNA 4407 WATROUS AVE TAMPA, FL 33629 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PATRICIA BENJAMIN 920 E SHADOW LAWN AVE. TAMPA FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TERI WILLIS 196 BLANCA AV. TAMPA FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NANCY CALPEE 2512 A TENNESSEE AV. TAMPA FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition ALLISON TUTWILER 4867 W. FLAMINGO RD TAMPA FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition CATLY CLAYTON 4203 W. CULBERTSON AV TAMPA FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: *Nancy M Calpee* NANCY M. CALPEE, TREASURER 3/6/06 2584241  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #