


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90038 037 \*\*\*\*70.00

<b>DOCUMENT # 758161</b>				
1. Entity Name <b>FLORIDA WORLD ORGANIZATION OF CHINA PAINTERS', INC.</b>				
Principal Place of Business 18 BRYAN AVE. TITUSVILLE FL 32796-2708 US		Mailing Address 18 BRYAN AVE. TITUSVILLE FL 32796-2708 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent  <b>ARCHER, MILDRED J 18 BRYAN AVE. TITUSVILLE FL 32796-2708</b>				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 <u>Mildred J. Archer</u>		<u>Mildred J. Archer</u>		DATE <u>Feb. 14, 2007</u>
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>



1st MOORE CR2E037 (10/06)

4. FEI Number <b>59-2222279</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT RISLER, RITA 8091 CANDLEWOOD RD. SEMINOLE FL 33777-2050	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT CROSS, ANNE 1316 Misty Greens Dr. Sun City Center, Fl. 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT CROSS, ANNE 1316 MISTY GREENS DR SUN CITY CENTER FL 33573	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT Kelleher, Judy 5585 Pipes Rd. Bartow, Fl. 33830	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT BROGDEN, JUDI 1403 VENTANA DR RUSKIN FL 33573	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT Kelleher, Judy 5585 Pipes Rd. Bartow, Fl. 33830	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT SUNDBERG, JUDITH 6343 WOOD VALLEY RD JACKSONVILLE FL 32217	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT Kelleher, Judy 5585 Pipes Rd. Bartow, Fl. 33830	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ARCHER, MILDRED 18 BRYAN AVE TITUSVILLE FL 32796-2708	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT Kelleher, Judy 5585 Pipes Rd. Bartow, Fl. 33830	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BIELBY, IRIS 4851 GANDY BLVD., B-10, L-26 TAMPA FL 33611-3018	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Brogden, Judi 1403 Ventana Dr. Ruskin, Fl. 33573	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Mildred J. Archer, Treasurer Feb. 14, 2007 (321) 267-3006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Certificate Page #