2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 17, 2006 08:00 AM Secretary of State

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1. Entity Name

VSA ARTS OF FLORIDA, INC.



Principal Place of Business

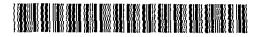
3500 E FLETCHER AVENUE

SUITE 234 TAMPA, FL 33613 US Mailing Address

3500 E FLETCHER AVENUE

SUITE 234

TAMPA, FL 33613 US



DO NOT WRITE IN THIS SPACE

01102006 No Chg-NP CR2E037 (11/05)

4. FEI Number | Applied For | 59-2758321 | Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOFFITT, KAREN PHD 3500 E FLETCHER AVENUE SUITE 225 TAMPA, FL 33613

DO NOT WRITE IN THIS SPACE

TAIVIPA, F	L 33013		IN THIS SPACE						
8. The above the obligat	named entity submits this statement for the ions of registered agent.	purpose of changing its registered offi	ce or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept				
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	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	<u> </u>				
10.	OFFICERS AND DIRE	CTORS		<u></u>					
NAME STREET ADDRESS CITY-ST-ZIP	PD MARY, PALMER DIRECTO 11410 SWIFT WATER CIRCLE ORLANDO, FL 32817								
TITLE NAME STREET ADDRESS CITY -ST - ZIP	VP WADE, WETHERIMGTON 2625 PARK TOWER, 400 N. TAMPA TAMPA, FL 33602	STREET			011 604 96 00000 011				
NAME STREET ADDRESS CITY-SI-ZIP	ST HOPE, MCMATH 829 RIVERSIDE AVE. JACKSONVILLE, FL 32204		DO NOT WRITE						
THTLE NAME STREET ADDRESS CITY-ST-ZIP	TREA GAYLA, RUSSELL B 35 DAVIS BLVD. TAMPA, FL 33608		IN THIS SPACE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOFFITT, KAREN PHD 3500 E FLETÄCHER, SUITE 225 TAMPA, FL 33613								
TITLE NAME STREET ADDRESS CITY-SI-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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-06

(8/3) 975-695

Daytime Phone #