

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 10, 2007  
Secretary of State**

DOCUMENT# N98000002097

Entity Name: ARTS AND INSPIRATION, INC.

**Current Principal Place of Business:**

629 TIMBER POND DRIVE  
BRANDON, FL 33510

**New Principal Place of Business:**

**Current Mailing Address:**

629 TIMBER POND DR.  
BRANDON, FL 33510

**New Mailing Address:**

FEI Number: 59-3506002      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROUTEN, MARK D  
629 TIMBER POND DRIVE  
BRANDON, FL 33510    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: PD      ( ) Delete  
Name: ROUTEN, MARK D  
Address: 629 TIMBER POND DRIVE  
City-St-Zip: BRANDON, FL 33510

Title: TD      ( ) Delete  
Name: ROUTEN, BARBARA J  
Address: 629 TIMBER POND DRIVE  
City-St-Zip: BRANDON, FL 33510

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK D ROUTEN

PD

04/10/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date