2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000010262

WEBER, CAROL

9807 MAINSAIL CT

FORT MYERS, FL 33907

Name:

Address:

City-St-Zip:

Entity Name: AXIS ART AND DESIGN, INC

FILED Apr 27, 2005 Secretary of State

Entity Name: AXIS ART AND DESIGN, INC.					
Current Principal Place of Business:			New Principal Place	of Business:	
	. 284TH TERR RINGS, FL 326				
Current Mailing Address:			New Mailing Address:		
	. 284TH TERR RINGS, FL 326				
FEI Number	: 59-3420037	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
BARRETT 18 WALL S	, RICHARD L , CHAPMAN 8 STREET D, FL 32801 L	RUTA, P.A.			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Age			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PIAZZA, JAME 7650 ESTERO		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD (BERARDI, ED 6808 N.W. 284 HIGH SPRINGS		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (X LATONA, MICH 1673 PARK ME FORT MYERS,	EADOW DR #3	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD (DROBOVIC, VI 2629 SE 20TH CAPE CORAL,	PL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: EDWARD L BERARDI STD 04/27/2005