2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 437173

ELKINS, STEVE

2018 ALAQUA LAKES BLVD

LONGWOOD, FL 32779

Name:

Address:

City-St-Zip:

FILED Jan 10, 2006 Secretary of State

Entity Nar	ne: ART NEE	DLE 'N CANVAS, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	LANDALE BEA ALE, FL 33009						
Current Mailing Address:			New Mailing Address:				
	LANDALE BEA ALE, FL 33009						
FEI Number:	13-2759383	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desi	ired ()	
Name and	Address of C	Surrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
	UTH LLANDALE BE ALE, FL 33009						
	named entity see of Florida.	submits this statement for the p	urpose of changing i	ts registered o	office or registered agen	it, or both,	
SIGNATUR	RE:						
	Electror	ic Signature of Registered Age	ent		Date		
Election Car	npaign Financin	g Trust Fund Contribution ().					
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	ELKINS,RUTH,	Delete CROWN TERRACE EAST FL	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	SDT () OPPENHEIM, F 14463 66TH ST LOXAHATCHEE	NORTH	Title: Name: Address: City-St-Zip:	SDT (X OPPENHEIM, I 14463 66TH S' LOXAHATCHE	T NORTH		
Title: Name: Address: City-St-Zip:	VD () ZAREMBY, BAI 4744 NW 96TH CORAL SPRING	AVE	Title: Name: Address: City-St-Zip:	ZAREMBY, BA	ERRACE #2304		
Title:	VD ()	Delete	Title:	() Change () Addition		

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 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: RUTH ELKINS PD 01/10/2006