## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 437173**

City-St-Zip:

LONGWOOD, FL 32779

FILED Apr 26, 2007 Secretary of State

| Entity Name: ART NEEDLE 'N CANVAS, INC.     |   |  |  |   |                                      |            |  |
|---|---|--|--|---|--------------------------------------|------------|--|
| Current Principal Place of Business:        |   |  | New Principal Place of Business:             |   |                                      |            |  |
|   | LANDALE BEA<br>ALE, FL 33009                            |  |  |   |                                      |            |  |
| Current Mailing Address:                    |   |  | New Mailing Address:                         |   |                                      |            |  |
|   | LANDALE BEALE, FL 33009                                 |  |  |   |                                      |            |  |
| FEI Number:                                 | 13-2759383  | FEI Number Applied For ( )                                   | FEI Number Not App                           | licable ( )                               | Certificate of Status Desir          | ed ( )     |  |
| Name and                                    | Address of C  | Surrent Registered Agent:                                    | Name and                                     | Name and Address of New Registered Agent: |                                      |            |  |
|   | UTH<br>LLANDALE BE<br>ALE, FL 33009                     |  |  |   |                                      |            |  |
| The above in the State                      | named entity s<br>of Florida.                           | submits this statement for the p                             | ourpose of changing i                        | its registered                            | office or registered agent           | , or both, |  |
| SIGNATUR                                    |   |  |  |   |                                      |            |  |
| Election Can                                |   | ic Signature of Registered Age  Trust Fund Contribution ( ). | ent  |   | Date                                 |            |  |
|   | S AND DIREC   |  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |   |                                      |            |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | PD ()<br>ELKINS,RUTH,                                   | Delete<br>CROWN TERRACE EAST                                 | Title:<br>Name:<br>Address:<br>City-St-Zip:  |   | X) Change()Addition<br>l,<br>『ERRACE |            |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | SDT ( )<br>OPPENHEIM, F<br>14463 66TH ST<br>LOXAHATCHEE | NORTH  | Title:<br>Name:<br>Address:<br>City-St-Zip:  | (   | ) Change ( ) Addition                |            |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | VD ( )<br>ZAREMBY, BAF<br>7525 NW 61 TE<br>PARKLAND, FL | ERRACE #2304   | Title:<br>Name:<br>Address:<br>City-St-Zip:  | (   | ) Change ( ) Addition                |            |  |
| Title:<br>Name:<br>Address:                 | VD ()<br>ELKINS, STEVE<br>2018 ALAQUA I                 |  | Title:<br>Name:<br>Address:                  | (   | ) 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.

City-St-Zip:

SIGNATURE: RUTH ELKINS 04/26/2007 PD