

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 668756

**FILED**  
**Aug 05, 2005**  
**Secretary of State**

**Entity Name:** PETER LANE FINE ARTS CORP.

**Current Principal Place of Business:**

9715 W. BROWARD BLVD  
SUITE #317  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

9715 W. BROWARD BLVD  
SUITE #317  
PLANTATION, FL 33324

**New Mailing Address:**

**FEI Number:** 59-1994878      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SHARP, JODI  
1141 NW 115 AVE  
PLANTATION, FL 33323      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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: LIEBLEIN, JACQUELINE,  
Address: 501 NW 107TH AVE  
City-St-Zip: PLANTATION, FL

Title: VPS      ( ) Delete  
Name: SHARP, JODI  
Address: 501 NW 107 AVE  
City-St-Zip: PLANTATION, FL 33324

**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 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.

SIGNATURE: JODI SHARP

VPD

08/05/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date