


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 701583 1. Entity Name SOUTH FLORIDA ART INSTITUTE OF HOLLYWOOD, INC.	
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Principal Place of Business 233 N FEDERAL HWY STE 45 DANIA FL 33004	Mailing Address 233 N FEDERAL HWY STE 45 DANIA FL 33004
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/05)

City & State	City & State
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4. FEI Number 59-0833294	Applied For <input type="checkbox"/> Not Applied
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PORTER, ELWIN G. 9320 S HOLLY BROOK LAKE DR HOLLYWOOD FL 33025
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE <small>Signature typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE
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**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD SANDERS, JO-ANN	<input type="checkbox"/> Delete
NAME	5471 NE 21 TERRACE	
STREET ADDRESS	FT LAUDERDALE FL 33308	
CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete	<input type="checkbox"/> Delete
NAME	SADOWSKY, FLORENCE	
STREET ADDRESS	7435 VIALE CATERINA	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	T <input type="checkbox"/> Delete	<input type="checkbox"/> Delete
NAME	PALEY, JUDY	
STREET ADDRESS	290 BAL BAY DR, APT 208	
CITY-ST-ZIP	BAL HARBOR FL 33154	
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

1000000439130
03/01/06 80034-007 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.