2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Jun 28, 2007 **DOCUMENT# 701597** Secretary of State

Entity Name: ART CENTER OF COCOA VILLAGE, INC.

Current Principal Place of Business: New Principal Place of Business:

566 BARTON BOULEVARD SUITE 3

ROCKLEDGE, FL 32955

New Mailing Address: Current Mailing Address:

566 BARTON BOULEVARD SUITE 3

ROCKLEDGE, FL 32955 US

FEI Number: 23-7354704 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KRUTENAT, RICHARD PARKERSON, VICTOR 566 BARTON BOULEVARD 566 BARTON BOULEVARD SUITE 3 SUITE 3 ROCKLEDGE, FL 32955 US ROCKLEDGE, FL 32955 US

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: VICTOR R. PARKERSON 06/28/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition KRUTENAT, RICHARD PARKERSON, VICTOR Name: Name: 200 ST LUCIE LANE 603 Address: 1838 ABBEYRIDGE DRIVE Address: City-St-Zip: COCOA BEACH, FL 32931 City-St-Zip: MERRITT ISLAND, FL 32953

Title: () Delete Title: () Change () Addition KOEPPEL, ROBERT Name: Name:

Address: 1350 DEER TRAIL Address: City-St-Zip: ROCKLEDGE, FL 32955 City-St-Zip:

Title: () Delete Title: SVP (X) Change () Addition

MAUS, ROBYN HOFFMAN, JOYCE Name: Name: 3132 GLENRIDGE CIRCLE 1033 JACARANDA CIRCLE Address: Address: City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: ROCKLEDGE, FL 32955

Title: Title: () Change () Addition

T () Delete LAROCQUE, JAMES Name: Name: 495 BELLA CAPRI DRIVE Address: Address: City-St-Zip: MERRITT ISLAND, FL 32952 City-St-Zip:

Title: () Delete Title: () Change (X) Addition

WHEATLEY, HELEN Name: Name: 4720 HARTVILLE AVENUE Address: Address: City-St-Zip: City-St-Zip: COCOA, FL 32926

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR R. PARKERSON Ρ 06/28/2007