

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90048 046 \*\*\*\*70.00

**40019855**

<b>DOCUMENT # 737244</b> 1. Entity Name <b>PIONEER SETTLEMENT FOR THE CREATIVE ARTS, INC.</b>					
Principal Place of Business <b>1776 LIGHTFOOT LANE BARBERVILLE, FL 32105-0006 US</b>			Mailing Address <b>P O BOX 6 BARBERVILLE, FL 32105-7006 US</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-1783985</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SMITH, JESSI J 2037 RIVERVIEW DR. DELAND, FL 32720</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JOHNSON, DIANA 225 CARLISLE RD. PIERSON, FL 32180	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Carl McClancy 539 Mulberry St Daytona Beach, FL 32114
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SCHULER, RICHARD 808 PARK AVE. DE LEON SPRINGS, FL 32130	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Marilyn Breeze 5035 Deleon Oaks Ct DeLeon Springs, FL 32130
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD SMITH, JESSI J 2037 RIVERVIEW DR DELAND, FL 32720	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Diana Johnson 225 Carlisle Rd Pierson, FL 32180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KERN, JOHN 1420 CO RD. 2009 BUNNELL, FL 32110	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Diana Johnson 225 Carlisle Rd Pierson, FL 32180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PAULHAMUS, FRANK 1950 N. COUNTRY RD EUSTIS, FL 32726	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Diana Johnson 225 Carlisle Rd Pierson, FL 32180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PAULHAMUS, FRANK 1950 N. COUNTRY RD EUSTIS, FL 32726	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Diana Johnson 225 Carlisle Rd Pierson, FL 32180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PAULHAMUS, FRANK 1950 N. COUNTRY RD EUSTIS, FL 32726	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Diana Johnson 225 Carlisle Rd Pierson, FL 32180
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b>				02-15-07 386-749-2959	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	