

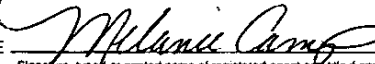



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAY 17 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 739540 1. Entity Name BEAUX ARTS ASSOCIATES OF MUSEUM ART, INC., FORT LAUDERDALE, FLORIDA					
Principal Place of Business ONE EAST LAS OLAS BLVD. FT. LAUDERDALE, FL 33301			Mailing Address ONE EAST LAS OLAS BLVD. FT. LAUDERDALE, FL 33301 ATT: BEAUX ARTS ASSOCIATES SEN. DEBBY SANDERSON, TREAS.		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip		Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARRINGTON, FELICE 1000 N RIO VISTA BLVD FORT LAUDERDALE, FL 33301				7. Name and Address of New Registered Agent Name MELANIE CAMP Street Address (P.O. Box Number is Not Acceptable) 2841 N.E. 21ST COURT City FORT LAUDERDALE FL Zip Code 33305	
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>		MELANIE CAMP <small>(NOTE: Registered Agent signature required when reinstating)</small>		April 19, 2006 <small>DATE</small>	
Filing 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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARRINGTON, FELICE 1000 N RIO VISTA BLVD FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(PRESIDENT) CAMP, MELANIE 2841 NE 21 ST COURT FORT LAUDERDALE, FL. 33305	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANDERSON, DEBBY 4800 NE 20 TER, # 401 FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(VICE-PRESIDENT) DONNA HEWITT 1637 SE 14 STREET FORT LAUDERDALE, FL. 33316	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHECTER, KAREN 52 CAYUGA RD SEA RANCH LAKES, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCHECTER, KAREN (SECRETARY) 52 CAYUGA ROAD SEA RANCH LAKES, FL. 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HEWITT, DONNA 1637 SE 14 ST FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(TREASURER) SANDERSON, SEN. DEBBY 4800 MEDICAL COMPLEX-SO. BLDG 4800 NE 20 TERRACE, SUITE 401 FORT LAUDERDALE, FL. 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
SIGNATURE  Sen. Debby T. Sanderson, Treas. 5/6/06 954-732-6801 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					