

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002187

FILED
Mar 12, 2006
Secretary of State

Entity Name: PRACTICALLY PIKASSO, INC.

Current Principal Place of Business:

1912 4TH STREET NORTH
SAINT PETERSBURG, FL 33704

New Principal Place of Business:

Current Mailing Address:

1912 4TH STREET NORTH
SAINT PETERSBURG, FL 33704

New Mailing Address:

1055 41 AVENUE NORTH
SAINT PETERSBURG, FL 33704

FEI Number: 52-2196361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBB, ROBERT
6815 EAST 14TH AVENUE
TAMPA, FL 33619 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CDPS () Delete
Name: WEBB, TIFFANY M
Address: 1055 41ST AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33703

Title: VCDV () Delete
Name: WEBB, ROBERT
Address: 1055 41ST AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33703

Title: D (X) Delete
Name: PRICE, MARCIA
Address: 803 GOLF ISLAND DRIV
City-St-Zip: APOLLO BEACH, FL 33572

Title: D (X) Delete
Name: CAMPBELL, KATHY
Address: 9904 DISCOVERY TERR
City-St-Zip: BRADENTON, FL 34202

Title: D (X) Delete
Name: FURVIS, CAROLE
Address: 5590 ISLAND AVE
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIFFANY M WEBB

OWNE

03/12/2006

Electronic Signature of Signing Officer or Director

Date