

FILED  
Apr 06, 2006 8:00 am  
Secretary of State

04-06-2006 90004 035 \*\*\*150.00

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # F94000006068

1. Entity Name  
ART MAKERS INTERNATIONAL, INC.



Principal Place of Business  
7217 GULF BLVD.  
SUITE #1  
ST. PETE BEACH, FL 33706 US

Mailing Address  
P.O. BOX 67185  
ST. PETE BEACH, FL 33736-7185 US

40044664



2. Principal Place of Business

6425 1st AVE. SOUTH  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 48225  
Suite, Apt. #, etc.

01252006

Chg-P

CR2E034 (11/05)

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

4. FEI Number

37-1184560

Applied For

Not Applicable

Zip

33707

Country

US

Zip

33743

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

YEARICK, KATHLEEN D  
7217 GULF BLVD.  
SUITE #1  
ST. PETE BEACH, FL 33706

7. Name and Address of New Registered Agent

Name  
YEARICK, KATHLEEN D.

Street Address (P.O. Box Number is Not Acceptable)  
6425 1st AVE. SOUTH

City  
ST. PETERSBURG

FL

Zip Code  
33707

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 Kathleen D. Yearick / KATHLEEN D. YEARICK

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/25/06

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
POC  
YEARICK, KATHLEEN D  
5810 BAHAMA WAY S  
ST. PETE BEACH, FL 33706 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 607, 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 Kathleen D. Yearick / KATHLEEN D. YEARICK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-25-06 727-345-2800

Daytime Phone #